



# THE HEALTH OF NORTHAMPTON 1973

*ANNUAL REPORT of Medical Officer of Health and  
Principal School Medical Officer*



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Annual Report of Medical Officer of Health  
and Principal School Medical Officer



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## ANNUAL REPORT 1973

### INTRODUCTION

This final report of the Medical Officer of Health of the County Borough of Northampton has been produced under very difficult circumstances. The simultaneous reorganisation of local government and the National Health Service on the 1st April 1974 has meant added responsibilities and duties being carried out by senior staff in preparation for reorganisation at a time of great uncertainty about the future, and a gradual depletion of staff resulting from the appointment of some members of the new units of local government and the National Health Service. Indeed the whole of the activities of the department have continued despite these many difficulties and I would like to pay tribute to the loyalty and conscientiousness of the staff during this very difficult period.

To my fellow Chief Officers and senior members of their departments with whom I have worked during the past ten years, I would express my personal appreciation for their advice and friendship.

To the Chairman and members of the Health Committee, an expression of my debt to them in encouraging and supporting me in the many ventures which they have approved during the past ten years.

W. EDGAR, M.B., Ch.B., F.F.C.M.,  
F.R.S.H., D.P.H., D.C.H.

March 1974  
Northampton House  
Northampton NN1 2HW

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## HEALTH COMMITTEE

(1973/4)

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Chairman

COUNCILLOR M. C. S. DESBOROUGH

## Aldermen

MRS. GRACE BROWN (Deputy Chairman)

M. O. ALDRIDGE

## Councillors

N. A. W. ASHBY

D. BAXTER

MISS. P. G. BERRIDGE

MRS. J. DICKS

MISS M. FINCH

E. G. FINDLAY

A. J. HARGRAVE

MRS. I. SHORT

F. TERO

## LICENSING SUB-COMMITTEE

Councillor M. C. S. Desborough (Chairman); Alderman Mrs. G. Brown (Deputy Chairman); Alderman M. O. Aldridge; Councillors D. Baxter, C. R. Benton and Mrs. I. Short.



## EDUCATION COMMITTEE

(1973/4)

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Chairman

COUNCILLOR D. A. WALMSLEY, LL.B.

## Aldermen

MISS C. M. TRUSLER (Deputy Chairman)

T. H. COCKERILL

K. R. PEARSON

## Councillors

T. J. ANGIER

N.A.W. ASHBY

T. R. BAILEY

D. BAXTER

A. E. BILLSON

E. COKER

MRS. J. DICKS

MISS M. FINCH

A. J. HARGRAVE

J. L. RAWLINGS

MRS. I. SHORT

D. J. WILLIAMS

## Co-opted Members

MRS. E. M. COLLIER

MRS. J. M. A. CORRIN

E. H. WATSON

MISS P. HENNINGS, M.B.E., HIST.TRIP.(Cantab)

F. V. GROOME

L. S. E. PIGGOTT

---

Schools and Special Services Sub-Committee

ALDERMAN K. R. PEARSON (Chairman)

COUNCILLORS MRS. J. DICKS; J.L. RAWLINGS; MRS. I. SHORT; D. A. WALMSLEY  
D. J. WILLIAMS; MRS. E. M. COLLIER; MESSRS. F. V. GROOME; L. S. E.  
PIGGOTT



STAFF OF HEALTH DEPARTMENT  
(as at 31st December 1973)

---

Medical Officer of Health and Principal School Medical Officer -

WILLIAM EDGAR, M.B., CH.B., D.F.H., D.C.H., F.F.C.M., F.R.S.H.

Deputy Medical Officer of Health and Principal School Medical Officer -

Vacant

Senior Medical Officers -

INEZ ROSEMARY ALDOUS, M.B., B.Chir., D.C.H., D.P.H., M.F.C.M.

RONALD H. MARTIN, M.A., B.M., B.C.H., M.R.C.S., L.R.C.P., D.P.M., M.F.C.M.

MARGARET O'CONNOR, L.R.C.S. & P.I., L.M., M.F.C.M.,

EILEEN L. PARKINSON, M.R.C.S., L.R.C.P.

Medical Officers in Department -

H.K. LAMBA (Part-time)

J. MOLONEY

Two Vacancies

Chief Dental Officer -

P.W. GIBSON, L.D.S., D.D.P.H. (Shared appointment with Northamptonshire  
County Council)

Area Dental Officers -

MRS. L.A.B. ELLIOTT, L.D.S., R.C.S.

MR. J.R. GREEN, B.D.S.

MR. D. LAVERICK, L.D.S. (Part-time)

Dental Officer -

MISS K. KAMINSKA, L.D.S., R.C.S., (Part-time)

\*Consultant Psychiatrist -

K. STEWART, M.B., CH.B., D.C.H., D.P.M.

Part-time Psychiatrists -

DR. J. GORDON

DR. A. BHATTACHARAYA

DR. DAVIDSON

\*Senior Educational Psychologist -

MISS D.V. SCOTT, M.A.





\*Assistant Educational Psychologists -

T. ARNOLD

K. HIBBERT

MRS. G. HORNSBY

MISS A.C. FAIRLESS

D.B. WOLFF

\*Senior Social Worker -

MISS E. SHEDDEN

\*Social Workers -

MRS. N. WILSON (Part-time)

G. FLATT

\*Under a joint scheme with Northamptonshire Education Authority.

The following medical staff of the Oxford Regional Hospital Board rendered part-time service to Northampton County Borough Council.

Consultant Physicians (Chest Clinic) -

P.C. ROBERTSON, M.B., CH.B., M.R.C.P., M.R.C.P.E.

MISS N. O'LEARY, M.B., B.Ch., B.A.O., D.P.H., T.D.D.

G.C. FERGUSON, M.B., M.R.C.P.

Public Analyst -

H.C. MacFARLANE, A.R.T.C.S., F.R.I.C.

Health Services Section

Director of Nursing Services -

MRS. M.I. MARTIN, S.R.N., S.C.M., H.V.Cert., N.D.N. Cert.

Area Nursing Officer -

MRS. B.C. BAUMANN, S.R.N., S.C.M., H.V.Cert.

Nursing Officers -

MISS V.E. COOKE, S.R.N., S.C.M.,

MRS. A.T. DILLON, S.R.N., R.F.N., S.C.M.

MISS A. KIGHTLEY, S.R.N., S.C.M.

MRS. A. BATCHELOR

Health Visitors -

19 Full-time

3 Part-time

4 Students





Clinic Nurses -

12 Full-time

2 Part-time

Midwives & District Nurses -

7 Full-time Midwives

6 Part-time Midwives

27 Full-time District Nurses

6 Part-time District Nurses

12 Part-time Nursing Assistants

Senior Chiropodist -

MRS. L. PAGE

Chiropodist -

Vacant

Physiotherapist -

MRS. MANTEL (Part-time)

2 Vacancies

Speech Therapist -

4 SENIOR SPEECH THERAPISTS

Dental Staff -

2 DENTAL AUXILIARIES

1 DENTAL HYGIENIST

5 DENTAL SURGERY ASSISTANTS

Environmental Health Services

Chief Public Health Inspector

A. ROBINSON, M.A.P.H.I.

Deputy Chief Public Health Inspector -

G. HARRISON, M.A.P.H.I.

Specialist Housing Inspector -

B.S. BOULTER, M.A.P.H.I.

Specialist Meat & Foods Inspector -

F.W. OSBORNE, M.A.P.H.I.

Specialist Public Health Inspector -

B.F. ROBERTS, M.A.P.H.I.



Senior Public Health Inspector (Smoke) -

T.A. HARRIS, M.A.P.H.I.

10 DISTRICT INSPECTORS

1 ASSISTANT HOUSING INSPECTOR

2 AUTHORISED MEAT INSPECTORS

1 OFFICES, SHOPS AND RAILWAY PREMISES INSPECTOR

1 TECHNICAL ASSISTANT (IMPROVEMENT GRANTS)

4 STUDENT INSPECTORS

4 MANUAL STAFF

#### Administrative Services Section

Chief Administrative Assistant -

W.H. BAKER

Administrative Assistants -

W.N. WESTBURY

G.P. DOVE

3 SENIOR CLERKS

1 SENIOR RECEPTIONIST

1 SENIOR SHORTHAND TYPIST

3 SHORTHAND TYPISTS

8 CLERICAL ASSISTANTS

4 CLERK/RECEPTIONIST

1 TECHNICAL ASSISTANT (Health Education)

1 GENERAL ASSISTANT & VAN DRIVER



## ESTABLISHMENTS

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Health Department .. .. .	Northampton House	Tel: 34833
Central Health, Nursing Services and Loan Equipment	Northampton	
Environmental Health .. ..	8 Cheyne Walk	Tel: 34881

## Clinics

St. Giles' Street		Tel: 34881
Child Health Clinics .. ..	Tuesday and Wednesday	Ext: 291
Cytology Clinics .. .. .	Thursday afternoon, Friday evening	

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Family Planning Association ..		Tel: 35838
	Monday evening 7.00 - 9.00	
	Tuesday evening 7.00 - 9.00	
	Friday morning 9.30 - 11.30	
	Monday evening (4th in month) 5.00 - 7.00 (Special)	

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Kingsthorpe, Welford Road		Tel: 32566
Child Health .. .. .	Tuesday afternoon, Wednesday all day	
Cytology .. .. .	Wednesday morning (2nd in month)	
Relaxation Class .. .. .	Monday afternoon, Thursday morning	
Family Planning Association ..	Wednesday evening (1st, 3rd and 5th in month)	
Chiropody .. .. .	Monday and Tuesday all day	
Speech Therapy .. .. .	Thursday afternoon	

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St. James'		Tel: 54216
Chiropody .. .. .	All day Wednesday	
Child Health .. .. .	Wednesday afternoons	
Family Planning & Cytology ..	One Friday in month	
Speech Therapy .. .. .	Monday, Tuesday, Thursday a.m.	
Minor Ailments .. .. .	Monday morning	
Over 60's Club .. .. .	1st Tuesday in month	
Relaxation .. .. .	Thursday morning	





## Health Centre (temporary) Arbour Court

Tel: 44224

Family Planning .. .. 2nd and 4th Monday of the month  
1st, 3rd and 4th Thursday evening

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## Barratt Maternity Home

Family Planning .. .. 1st, 2nd and 3rd Tuesday of the month

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## Child Health Centres

Centre	Held	Day (afternoons)
Abington	Abington Avenue Congregational Church Rooms .. .. .	Thursday
Broadmead	Broadmead Baptist Church Rooms ..	Tuesday
Dallington	Spencer Dallington Community Centre .	Monday
Duston	Duston Community Centre .. ..	Monday
Far Cotton	St. Marys Parochial Church Rooms ..	Monday
Kings Heath	Kings Heath Baptist Church Hall ..	Thursday
Kingsley	Kingsley Park Methodist Church Rooms	Monday
Kingsthorpe	Welford Road .. .. .	Tuesday/Wednesday
Parklands	Parklands Community Centre .. ..	Monday
New Duston	Girl Guide Hall .. .. .	Wednesday (alternate)
St. Giles	St. Giles' Street Infant Welfare Centre	Tuesday/Wednesday
Semilong	St. Paul's Church Hall, Semilong Road	Thursday
Weston Favell	Weston Parish Hall .. .. .	Thursday
Wheatfield Road	Abington Community Centre .. ..	Friday
Lings	Brookside Community Centre .. ..	Tuesday afternoon
St. James	St. James Clinic .. .. .	Wednesday afternoon
Thorpelands	Thorpelands Residents Hall, Farmfield Court .. .. .	Thursday afternoon
Standens Barn	Standens Barn Youth House .. ..	Monday afternoon





## PRINCIPAL VITAL STATISTICS

## Population:

Census 1971 (Preliminary Report)	..	..	..	..	..	..	..	126,608
Registrar-General's Estimated Home Population (all ages) as at 30th June, 1973, including members of Armed Forces stationed in area	..	..	..	..	..	..	..	128,300
					MALES		FEMALES	TOTALS
Live Births	{	Legitimate	..	..	..	887	871	1,758
		illegitimate	..	..	..	109	82	191
		Totals	..	..	..	996	953	1,949
Live Birth-rate 1,000 Population	..	..	..	..	..	..	..	15.2
Adjusted Birth-rate (Area Comparability Factor 1.02)	..	..	..	..	..	..	..	15.5
Illegitimate Live Births per cent of Total Live Births	..	..	..	..	..	..	..	10.0
					MALES		FEMALES	TOTALS
Stillbirths	{	Legitimate	..	..	..	9	7	16
		Illegitimate	..	..	..	1	3	4
		Totals	..	..	..	10	10	20
Stillbirth rate per 1,000 Live and Stillbirths	..	..	..	..	..	..	..	10
Total Live and Stillbirths	..	..	..	..	..	..	..	1,969
					MALES		FEMALES	TOTALS
Deaths	..	..	..	..	..	835	832	1,667
Death-rate per 1,000 Population	..	..	..	..	..	..	..	13.0
Adjusted Death-rate (Area Comparability Factor 0.87)	..	..	..	..	..	..	..	11.3
Infant Deaths (under One Year of Age)	..	..	..	..	..	..	..	34
Infant Mortality-rate per 1,000 Total Live Births - (34 deaths)	..	..	..	..	..	..	..	17.0
Infant Mortality-rate per 1,000 Legitimate Live Births (20 deaths)	..	..	..	..	..	..	..	18.0
Infant Mortality-rate per 1,000 Illegitimate Live Births (3 deaths)	..	..	..	..	..	..	..	16.0
Neonatal Mortality-rate (first Four weeks) per 1,000 Live Births (20 deaths)	..	..	..	..	..	..	..	11.0
Early Neonatal Mortality-rate (First Week) per 1,000 Live Births (14 deaths)	..	..	..	..	..	..	..	9.0
Perinatal Mortality-rate (stillbirths and deaths under one week combined) per 1,000 Live and Stillbirths	..	..	..	..	..	..	..	19.0
Maternal Deaths (including Abortion)	..	..	..	..	..	..	..	Nil
Maternal Mortality-rate per 1,000 Live and Stillbirths	..	..	..	..	..	..	..	Nil
Cancer Deaths	..	..	..	..	..	..	..	277
Cancer Mortality-rate per 1,000 Population	..	..	..	..	..	..	..	2.1

The natural increase of the population, i.e. the surplus of registered live births over deaths, was 282 or 2.2 per thousand living.



## Summary of Statistics

Position .. ..	Latitude ..	52°14'North;	Longitude ..	0°54'West
Highest point above sea level is on the Boughton Green Road ..				420 feet
Lowest point above sea level is lower part of Bridge Street ..				193 feet
Elevation of Guildhall above mean sea level .. .. .				252 feet
Area .. .. .				13,581 acres

## Net Revenue Expenditure for year ended 31st March, 1973

Public Health .. .. .	£ 78,684
Local Health Authority .. .. .	£345,327
School Health Service .. .. .	£ 69,437



# CHILD HEALTH SERVICES

Report of the Department of Health and Social Services, 1964-1965

The Department of Health and Social Services has been fortunate to have had a very successful year in the field of child health services. The Department has been able to maintain a high level of service to the children of the State, and has been able to expand its services to include a wider range of health care for children. The Department has been able to maintain a high level of service to the children of the State, and has been able to expand its services to include a wider range of health care for children.

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### Summary of child health services

	1964	1965	%
Total population 14 1/2 years	1,000,000	1,000,000	100
Population under 14 years of age	1,000,000	1,000,000	100
Population under 14 years of age	1,000,000	1,000,000	100
Population under 14 years of age	1,000,000	1,000,000	100





## CHILD HEALTH SERVICE

### Dr. I.R. Aldous, Senior Medical Officer for Child Health

Attendances at the Child Health Clinics have risen this year compared with the previous year. Several changes of location of clinics were made in order to ensure that the service was accessible to the centres of population most likely to need it. In order to over-come waiting time for mothers with young children at the clinics, appointment systems for routine checks with the doctor were introduced in three clinics. The appointments only cover a part of each clinic session, the rest of the session is available for any mother to see the clinic doctor if she wishes.

A short course on 'the principles and practice of hearing testing in young children' was held in October for the benefit of medical officers, health visitors and school nurses. We were fortunate in having a tutor from the Department of Audiology and Education of the Deaf, Manchester University to take the course. All participants were agreed on its value.

During the year discussions were held with the staff of the Foundation for the Study of Infant Deaths regarding the possibility of operating their scheme or a similar one locally. The Foundation was set up with two main aims, first to support and comfort the parents who had recently lost a child from the Sudden Death in Infancy Syndrome (cot death) and second to further research into the cause of these deaths. The Health Committee agreed to the operation of such a scheme in Northampton after discussions had been held with H.M. Coroner for Northampton, the Local Medical Committee and the Consultant Paediatricians. The scheme was finally put into operation towards the end of the year. For the time being it is proposed that the questionnaire devised by the Foundation will be used. Each bereaved family will be visited by the health visitor and a senior medical officer after consultation with the family doctor. In North London, where the scheme was first introduced it has been found that bereaved parents appreciate the opportunity to talk to professional staff who can answer some of the questions which arise following the sudden death of an infant, but naturally the parent's wishes will be respected if it appears that they do not wish to take part in the scheme.

### Attendances at Child Health Clinics

	1971	1972	1973
Total attendances (all ages)	38,598	36,548	39,700
No. of children under 1 year who attended at least once.	1,622	1,533	1,776
No. of children 1 - 4 years	708	716	632
Total number of children who attended	2,330	2,249	2,408





Child Health Centres - Attendances 1973

Centre	Mothers without children	Mothers with Children	Children Under 1 Year	Children Over 1 but Under 2 years	Children Over 2 but Under 5 years	Total	Consultations by Medical Officers
Abington Avenue	3	2241	1029	908	679	2616	339
Broadmead	-	1735	1182	361	754	2297	183
DeLlington	37	594	211	237	169	617	95
Fer Coston	1	2074	1075	751	521	2347	281
Kings Heath	101	1032	601	602	398	1601	145
Kingsley	87	1609	706	666	485	1857	184
Kingsthorpe (Tuesday)	-	3644	3103	1546	196	4845	492
Kingsthorpe (Wednesday a.m.)	8	1001	714	315	33	1062	171
Kingsthorpe (Wednesday p.m.)	55	3000	2015	1156	109	3280	645
Lambartins	7	2071	1293	729	336	2358	309
Manfield (now called Parklands)	58	2126	940	911	404	2255	228
New Duston	60	763	391	324	154	869	320
Old Duston	270	2408	1277	977	223	2477	411
St. Giles (Tuesday)	74	1408	706	479	507	1692	212
St. Giles (Wednesday)	-	1391	695	511	237	1443	156
St. James	2	2231	1956	410	438	2804	271
Seville	148	1315	689	533	354	1576	202
Thorpe	15	627	312	244	173	729	-
Westone and Weston Favell	3	1385	648	487	546	1681	242
Wheatfield	8	1195	551	391	352	1294	177
TOTAL ATTENDANCES	937	33927	20093	12538	7068	39700	5093
Total number of children	-	-	1776	410	222	2408	-



# NURSING SERVICES

1. General Nursing Services	1	1	1	1
2. Specialized Nursing Services	1	1	1	1
3. Nursing Education	1	1	1	1
4. Research	1	1	1	1
5. Administration	1	1	1	1
6. Quality Improvement	1	1	1	1
7. Patient Safety	1	1	1	1
8. Infection Control	1	1	1	1
9. Palliative Care	1	1	1	1
10. End-of-Life Care	1	1	1	1
11. Organ Donation	1	1	1	1
12. Transplant Services	1	1	1	1
13. Genetic Counseling	1	1	1	1
14. Reproductive Services	1	1	1	1
15. Fetal Medicine	1	1	1	1
16. Neonatal Intensive Care	1	1	1	1
17. Pediatric Intensive Care	1	1	1	1
18. Adult Intensive Care	1	1	1	1
19. Critical Care	1	1	1	1
20. Trauma Services	1	1	1	1
21. Burn Services	1	1	1	1
22. Wound Care	1	1	1	1
23. Skin Care	1	1	1	1
24. Hair Care	1	1	1	1
25. Nail Care	1	1	1	1
26. Oral Care	1	1	1	1
27. Eye Care	1	1	1	1
28. Ear Care	1	1	1	1
29. Nose Care	1	1	1	1
30. Throat Care	1	1	1	1
31. Lung Care	1	1	1	1
32. Heart Care	1	1	1	1
33. Kidney Care	1	1	1	1
34. Liver Care	1	1	1	1
35. Pancreas Care	1	1	1	1
36. Spleen Care	1	1	1	1
37. Stomach Care	1	1	1	1
38. Intestine Care	1	1	1	1
39. Bladder Care	1	1	1	1
40. Uterus Care	1	1	1	1
41. Vagina Care	1	1	1	1
42. Penis Care	1	1	1	1
43. Testis Care	1	1	1	1
44. Prostate Care	1	1	1	1
45. Ovary Care	1	1	1	1
46. Fallopian Tube Care	1	1	1	1
47. Uterine Artery Care	1	1	1	1
48. Cervix Care	1	1	1	1
49. Vagina Artery Care	1	1	1	1
50. Penis Artery Care	1	1	1	1
51. Testis Artery Care	1	1	1	1
52. Prostate Artery Care	1	1	1	1
53. Ovary Artery Care	1	1	1	1
54. Fallopian Tube Artery Care	1	1	1	1
55. Uterine Artery Care	1	1	1	1
56. Cervix Artery Care	1	1	1	1
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60. Prostate Artery Care	1	1	1	1
61. Ovary Artery Care	1	1	1	1
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93. Ovary Artery Care	1	1	1	1
94. Fallopian Tube Artery Care	1	1	1	1
95. Uterine Artery Care	1	1	1	1
96. Cervix Artery Care	1	1	1	1
97. Vagina Artery Care	1	1	1	1
98. Penis Artery Care	1	1	1	1
99. Testis Artery Care	1	1	1	1
100. Prostate Artery Care	1	1	1	1



### Congenital Malformations 1973

Congenital abnormalities are noted on the birth notifications card and full details are sent to the Registrar General each month. During the year 35 infants were born with recognisable abnormalities, six of these having more than one defect.

Comparative figures for the past four years are given below:

	1970	1971	1972	1973
Central Nervous System	5	8	19	3
Eye and Ear	2	-	-	-
Alimentary System	3	6	7	11
Heart and Circulatory System	3	2	4	4
Respiratory System	-	-	-	-
Urino-genital System	4	4	3	1
Limbs	10	9	9	10
Other parts of Musculo-Skeletal System	1	7	6	7
Other Systems	3	4	-	1
Other Malformations	2	2	1	6
	<u>33</u>	<u>42</u>	<u>49</u>	<u>43</u> (Defect

### Voluntary Work

The members of the Northampton Maternity and Infant Welfare Voluntary Association attend all the Child Health Clinics in the Borough and give invaluable help to the staff and mothers. The Association also run the Mother's Club which is held on Thursday evenings in St. Giles Street Clinic from September to April. In addition, the members of the Association played a large part in the planning and running of the Cervical Cytology Campaign held in the first week of July. Much of the success of this Campaign was due to the untiring efforts of the President of the Association, Mrs. E. Downing, the members who helped with publicity before the Campaign and those who attended each session to help with clerical work, information and organisation of any queue waiting outside the caravan.





## NURSING SERVICES

(Mrs. M. Martin, Director of Nursing Services)

The Community Nursing Service has continued to provide an effective service in both curative and preventive fields. The team approach, based on the general practitioners group practice has increased the quality of care of patients and the job satisfaction of staff. Communications are made easier and all staff feel a great involvement, and consequently enthusiasm for the improvement and expansion of the service.

The appointment in August of a Nursing Officer, with responsibility for a unit of home nursing staff, has led to more effective management in that area, particularly in training of staff. The Nursing Officer appointed holds the Practical Work Instructor and Advanced Practical Work Instructors certificates and is therefore admirably qualified to control the practical training of home nurses and to liaise closely with the district nurse training school, Kettering.

The appointment of an additional Nursing Officer, Home Nursing, has allowed the Nursing Officer already in post, to give more attention and support to the evening nursing service and the Marie Curie Agency nurses.

### In Service Training

A great deal of time and effort has been spent on this important aspect of the service. Several study sessions were held and subjects covered included, Common Skin Conditions, Infant Feeding, Developmental Screening Techniques, Immunisation and Vaccination procedures.

A 2 day course of instruction on "Relaxation and Psychoprophylaxis, Preparation for Childbirth" was held by Miss Eileen Montgomery and attended by the majority of the health visiting and full time midwifery staff.

In October a 2 day course in "Audiology Testing in Young Children" was held by a member of the Audiology Department, University of Manchester and approximately half of the health visiting staff were instructed in the newest techniques in this field.

It is hoped that both of these two day courses will regularly be included in future in-service training programmes. Members of staff have attended courses organised by other authorities, or by such bodies as the Queen's Institute of District Nursing, or the Oxford Regional Hospital Board, on a variety of interesting and useful subjects such as: Reorganisation of the National Health Service, Report of the Committee on Nursing, A Twenty Four hour Community Nursing Service, Care of the Dying, Hospital/Community Liaison, Management of the Psycho Geriatric patient, Rehabilitation in the home, Family Planning Appreciation and the Future of the Midwifery Service.

Staff meetings have been held and Nursing Officers have attended study days on the subject of Staff Appraisal. Preparation discussions have now been completed and it is hoped to put a scheme into operation early in 1974, using the form produced by the National Nursing Staff Council.





HEALTH VISITING

- 1 Senior Health Visitor
- 18 Full-time Health Visitors
- 3 Part-time Health Visitors
- 12 Full-time School/Clinic Nurses
- 2 Part-time School/Clinic Nurses
- 4 Student Health Visitors

During the year:-

- 4 Health Visitors attended refresher courses
- 1 Health Visitor attended a Group Advisor's refresher course
- 1 Health Visitor completed a Field Work Instructor's course
- 1 School/Clinic nurse attended a refresher course
- 1 Health Visitor is attending a day release course in preparation of the Diploma in Nursing London University Part A
- 1 Health Visitor completed the above course and in September commenced the course in preparation for the Diploma in Nursing London University Part B
- 1 Health Visitor is continuing to attend a 2 year day release course in preparation for the City and Guilds Technical Teachers Certificate.
- 2 School/Clinic nurses undertook Family Planning training.

The work of the health visitor continues to expand, but the numbers of home visits to most groups have remained stable during 1973.

Visits to persons in the 17 - 64 year age group have increased slightly. There has been a striking increase in the number of non-effective visits from 2822 to 3724, possibly due to an increase in the numbers of mothers working outside the home. This results in an extension of the health visitors working day, as often these families must be visited during the evening hours or at week-ends.

There has been an increase in the numbers of referrals to special F.P.A. sessions by the health visitor from 165 to 427, and the number of clients taken to Family Planning clinics has doubled.

Surveys have increased from 7 in 1972 to 78 in 1973. Visits in connection with surveys are usually very time consuming but produce a great deal of useful information.

A "Home Accident Survey" instigated by the Home Office was started in July 1973 and is to continue for at least one year. A 1 in 10 selection of patients treated at Northampton General Hospital and resident within the borough is followed up by health visitors and information relevant to the domestic accident, if any, involved in the accident, and the domestic consequences of the accident is collected and forwarded to the research team. From July to December 1973 health visitors paid 170 visits in connection with this survey.

A survey on "Criteria for the Selection of Health Visitor Students" was carried out by a lecturer, attached to Leicester University and the health visitors in Northampton gave valuable help in completion of questionnaires and taking part in interview sessions.

All health visitors continue to work in attachment to group practices, and with the small increase in numbers of staff, it has been possible to introduce a second health visitor into some groups. These groups have been selected as having special needs, i.e. the practice dealing largely with patients from the new development areas, or practices where the health visitor is also a field work instructor and has the added burden of training students.





It has not been possible during 1973 to pursue the plan for "cross boundary" visiting of patients, for several reasons. The flow of patients would have resulted in an increased population load of 1000 for County Borough staff as well as greater mileage to be travelled, and it did not seem possible without extra staff, to undertake this extra work. The fixed car allowance was also a hurdle to be overcome as staff were re-imbursed on an assumed mileage and they would have been underpaid until a new assessment could have been agreed. The fuel crisis was the final difficulty in the way of plans for cross-boundary visiting but it is hoped that when this crisis is over the matter can be reviewed and progress made.

The hospital liaison schemes continue to flourish particularly those with St. Edmunds Hospital Geriatric wards, Northampton General Hospital Paediatric wards and Special Care Baby Unit. The liaison scheme with the Princess Marina Hospital, particularly in relation to "phased care" patients continues with benefits to staff and patients.

Study sessions are shared where possible, not only with hospital staff, but also with County staff, and advisory committees on each discipline have been set up with a mixture of staff from County and County Borough. It is earnestly hoped that these activities will smooth the way for field staff when reorganisation of the National Health Service brings unification of services on 1st April 1974.

Health Education is a part of their work being given increasing importance by a number of the health visitors, and is leading to a closer contact with certain groups e.g. schools.

The staff based at St. James clinic discovered a need for support and help in health education by the considerable numbers of elderly people in that area, and a monthly meeting for over 60's at the clinic is the result. Health Education programmes, including such topics as Sensible diet, Care of the feet, Crime Prevention, Prevention of Home Accidents etc., covered by specialist speakers, are very greatly appreciated. Additional benefits derived from this activity are the alleviation of loneliness, and the follow up possibilities of members who are unable to attend, usually due to illness. A total of sixty over 60's are known to the group and attendances vary from forty to fifty.

Assistance at the Northampton General Hospital Special Clinic continues to be given by a School/Clinic nurse, and her work includes contact tracing and counselling.

The Cytology campaign in July involved the School/Clinic nurses in a great deal of extra work, much of it outside their normal hours of duty, and the Nursing Officer concerned in arranging the staffing rota for the campaign, is to be congratulated on the result.





## "The Over 60's Club"

### St. James' Clinic

The club was "born" in May 1973, it was organised by the staff of St. James clinic. This area of the town, St. James', has had an increased number of elderly people living in it over the past few years; the result of re-housing due to slum clearance and re-development. The staff of the clinic felt that this special section of the community had many unmet needs. In order to rectify this, the club was formed and its aims were:-

1. To give the elderly people a place where they could meet and gain a sense of "belonging", having been uprooted from their old familiar surroundings.
2. To provide the opportunity to discuss their own particular problems of health and well being with qualified members of a health team, thus providing scope for Health Education.
3. To enable friends and neighbours to meet in a friendly, social atmosphere away from their own homes. It was hoped that this would combat isolation and loneliness and so improve the state of mental health.

The club meet once a month, the first meeting being in May 1973. Fifteen people attended. They were welcomed with a cup of tea and biscuits. The aim of the club was explained and the services available were made known to them. The meeting culminated with a tour of the clinic.

The subsequent meetings followed monthly. In June sixteen members attended and they enjoyed a film and discussion on "Safety in the Home".

July saw an increase in membership to twenty seven. Another film was shown and a talk given on the need for "good" nutrition.

August proved a popular month, the membership rose to fifty. Our speaker for the month was Mrs. L. Page, Borough Chiropodist. The members had many questions, and thoroughly enjoyed the talk.

The September meeting was well attended. Forty nine people benefitted by a talk from a Public Health Inspector and slides on the care and preparation of food were shown.

Sergeant Lay, a Crime Prevention Officer, came for our October meeting - he amused the old people by showing a film on how easy it is for a burglar to enter their homes. The meeting was well attended by fifty members.

In November, Mrs. Mustill from the "Save the Childrens Fund" gave a talk on the work of the organisation. Following this visit many of our ladies collected oddments of wool and knitted squares for blankets for children of deprived areas. The elderly felt that they were doing a worthwhile job of work. This kept arthritic fingers moving and gave them a feeling of being useful and needed.

The year's events ended with a Christmas party - the money was raised by a raffle and a bring and buy sale. Fifty people enjoyed the party and singing by the choir from Gladstone Road Centre for the disabled.

The club seems to have shown signs of a definite success and has fulfilled obvious needs. This has been shown by its increased membership.

### Proposals for the coming year

The club will encourage its members to elect their own treasurer, and will be guided to organised activities for itself. However, speakers will continue to be arranged by the staff of the clinic. The members have requested an outing in the summer months - we hope that this can be arranged.





### MIDWIFERY

During 1973 106 midwives notified their intention to practice.

- 21 Domiciliary midwives (including administrative staff and County midwives practicing at times in the G.P. Unit)
- 82 Hospital Midwives practicing at Barratt Maternity Home
- 2 Midwives from a private Maternity Home
- 1 Midwife practicing from a private Nursing Agency

#### Domiciliary Midwifery

- 7 Full-time midwives
- 6 Part-time midwives
- 3 Pupil midwives

The number of home confinements continues to fall and during the year the total was 16. During the year one part-time midwife, practicing 36hrs per week, resigned, and was replaced by a full-time midwife. This eased the situation with regard to 24 hr cover by domiciliary midwives. Four midwives received approval from the Central Midwives Board as teaching midwives and one midwife is expected to become approved early in 1974. This will mean a total of 7 approved teaching midwives on the staff for the purpose of training pupil midwives.

The arrangements for attachment of midwives to group practices were completed and the plan came into effect on 15th January 1973. The smoothness with which the attachments took place and the very few teething troubles encountered are a tribute to the staff and G.P.'s alike.

The midwives are gaining greater satisfaction from their work, and the patients are receiving care and advice from their midwife throughout pregnancy, following delivery and in some cases throughout their labour also.

Midwives attend ante natal clinics at the group practice premises where these are held, and therefore see patients they are to deliver at the G.P. Unit without these patients having to attend a midwives clinic session elsewhere. It is necessary however, for patients to attend Portland Street clinic in order to complete a set of booking records for the G.P. Unit, and it was decided that the domiciliary midwives should hold their weekly clinic there instead of at St. Giles Street so that this could be done.

Patients selected for G.P. Unit deliveries by domiciliary midwives now have only to attend Portland Street ante natal clinic for booking purposes and thereafter receive their ante natal care from their doctor and midwife at the group practice premises.

60 deliveries were conducted by domiciliary midwives in the G.P. Unit. This is a disappointing figure but is accounted for by the fact that increasing numbers of patients are transferred to the specialist unit for delivery for an increasing variety of obstetric reasons. It is hoped very soon to introduce domiciliary midwives to the procedures carried out in the specialist unit, so that they may follow their cases through wherever possible.





Mothers and babies discharged from hospital to the care of the domiciliary midwives totalled 1948 during 1973 and an increase of 495 on the preceding year.

Domiciliary midwives are taking an increasing part in the provision of Parentcraft Teaching in co-operation with their health visitor colleagues.

Student visitors to the department are given a proportion of time with domiciliary midwives wherever it is considered suitable. 26 Obstetric nurse students and 9 students of other disciplines have received periods of observation and training with the midwives.



## Part II Pupil Midwives Training School

Ten pupil midwives completed their training during the year and all were successful in their examination.

Discussions continued between the Principal Nursing Officer of the Barratt Maternity Home, and the Directors of Nursing Services of the County and County Borough of Northampton, in order to formulate plans for the introduction of a Single Period Midwifery Training scheme. Plans were submitted to the Central Midwives Board and approved by the Board in October 1973. The Single Period Training scheme will commence on 27th January 1974 and the last Part II training intake of pupils will be on 1st March 1974. The County Borough and the County Council will together provide a 12 week period of domiciliary training for from 6 - 8 pupil midwives from each Single Period intake.

The domiciliary midwives from each authority have joined together to attend a programme of training sessions in order to prepare themselves for the instruction of pupil midwives at an earlier period in their training.



## HOME NURSING

27 Full time Home nurses  
6 Part time Home nurses  
12 Part time Nursing Assistants

The effort to get all home nurses trained and awarded the National District Nursing Certificate continued throughout the year.

Six nurses undertook this training in Kettering and four in Leicester.

All were successful in their examinations. Three nurses undertook training to enable them to act as Practical Work Instructors. The work of the nurses continued to increase:-

	1972	1973
Total visits paid to patients	77,300	89,868

The greatest increase is in the field of evening and night nursing care. The evening sisters are undertaking from ten to twenty visits during the hours of 7.00p.m. - 12 midnight and it has not been possible to re-deploy any day staff to assist them. The fact that an evening service is available brings to light an ever-increasing need, which it is impossible to refuse to meet. This is an activity of the home nursing service which must in future be given staff in relation to its importance.

### Marie Curie Memorial Foundation

The day and night services during the year have cared for 50 patients - and increase of five from the previous year.

The number of working hours of nursing care given was 1,955 hours - an increase of 787 hours from the previous year.

The Area Welfare Grant scheme, which relies entirely on voluntary contributions from various sources, was able to provide financial assistance for clothing, linen and heating etc. to 28 patients. An increase of 12 patients during the year.





ILLNESS, PREVENTION, CARE  
AND AFTER CARE



## ILLNESS PREVENTION CARE AND AFTER CARE

### Cervical Cytology

Cervical Cytology clinics, open to all women resident in the Borough, were held twice weekly in St. Giles Street Clinic and once or twice a month in Kingsthorpe and St. James Clinics. Although the sessions are held primarily for the purpose of taking cervical smears, a clinical examination of the breasts is carried out and instructions are given on self-examination of the breasts.

A total of 942 smears were taken during the year, 3 were reported as positive and a number of minor conditions were also detected and referred to the appropriate family doctor.

The table shows a summary of the work for the year with an analysis of the women attending according to social class and age.

A Cervical Cytology Campaign was held during the first week of July. The Women's National Cancer Control Campaign lent one of their mobile clinics for this week which enabled us to hold sessions in all areas of the town. The Campaign was preceded by a public meeting attended by His Worshipful The Mayor, Councillor Mrs. E.E. Fitzhugh and articles and advertisements in the local press gave appropriate publicity including the itinerary of the caravan for the whole week. For the first four days of the Campaign the caravan was sited at three different locations on each day; on the last two days, Friday and Saturday, it was located all day on the Market Square and the Racecourse respectively. Attendance exceeded all expectations and although the Campaign was originally planned for women resident in the Borough of Northampton, many women from the surrounding villages attended and were seen at the clinics on a 'first come first served' basis. It was originally intended that a clinical examination of the breasts would be carried out on each woman but this proved impossible owing to the number of women who attended - instead, self-examination of the breasts was stressed by nurses and voluntary workers and leaflets were issued. More women came to the caravan than could be seen. Those who could not be seen were given appointments to attend one of the static clinics in the Borough.

During the week 1158 cervical smears were taken. Four smears were reported to be positive and three others were thought to show changes which should probably be described as positive and require further investigation. 163 women were found to have an infection, mostly trichomonas or monilia. All were referred to the appropriate general practitioner.

Brief details of attendance at the mobile clinic are given in the following table.





CYTOLOGY CLINICS

ST. JAMES, KINGTHORPE AND ST. GILES STREET CLINICS

AGE	Under 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 & over	TOTAL
Social Grouping									
1	-	1	1	1	-	-	-	1	4
2	6	19	32	42	31	36	21	21	208
3	29	80	107	102	90	75	88	69	640
4	7	11	8	10	14	9	4	5	68
5	1	4	2	4	3	6	1	1	22
TOTAL	43	115	150	159	138	126	114	97	942





Cervical Cytology Campaign, July 1973

Attendances	Total	Had had Previous Smear	No Previous Smear	Infections	Positive
Borough Residents	981	465	516	137	4+3 prob.
County Residents	177	84	93	26	0
Total	1158	549	609	163	4+3 prob.

Details of Cases Found to be Positive or Possibly Positive

	Age	Parity	Social Class	Date of Previous Smear
a) Positive	32	2	3	1971
	41	1	2	1968
	42	3	3	-
	56	3	3	-
b) Possibly Positive	21	1	5	-
	29	4+2	5	-
	42	1	3	-



### Family Planning

Referrals to the directly provided family planning service increased considerably this year compared with last year. The sessions held at the Barratt Maternity Home and Lumbertubs Temporary Health Centre were increased to meet this demand and twice monthly evening sessions were started at Lumbertubs in July. There has been little demand for appointments at St. James Clinic and sessions have continued to be held there monthly.

All methods of contraception are available including the insertion of Intra-Uterine Devices. The clinics are staffed by doctors and nurses trained in family planning methods.

Only two referrals were made to the Domiciliary Service. One of these two women declined all offers of help. The other, together with the three women already using the service were transferred to one or other of the Local Authority Clinics after several visits had been made by the Domiciliary Team. At the end of the year there were no patients currently on the Domiciliary list but the service continues to be available if needed.

Details of the work of the clinics are given in the following tables:-

#### Attendances at Family Planning Clinics - January - December, 1973

(Figures for 1972 in brackets)

Clinic	Sessions	New Patients	Reviews
Lumbertubs	43 (14)	140 (57)	310 (58)
Barratt Maternity Home	44 (23)	141 (62)	244 (56)
St. James Clinic	12 (2)	14 (4)	23 (0)
	<u>109</u>	<u>295</u>	<u>577</u>

#### Method of Contraception Chosen - January - December, 1973

Intra-Uterine Device	144
Oral Contraception	110
Cap	6
Sheath - usually pending another method )	
Advice etc. )	116





### Family Planning Association

The Family Planning Association continued to act as agent for the Council for the provision of family planning to certain women. Many of these women were already attending Family Planning Association Clinics before the start of the directly provided service. During the year approximately 130 women were seen on behalf of the Local Authority.

### Vasectomy

During the year discussions were held regarding the establishment of a vasectomy service. Unfortunately numerous delays prevented introduction of the service until early in 1974. In the meantime we have made use of the Simon Trust to whom individual cases have been referred.





## CHIROPODY SERVICES

Mrs. L. Page, the chiropodist employed by the Borough Council, reports as follows:-

The chiropody service started by the Northampton Borough Council in 1972 continued during 1973. We could not increase the service due to the fact that in spite of the advertisements, we could not obtain the services of another chiropodist - this is due to an acute shortage of State Registered chiropodists in the country. However with our limited resources we have managed to expand. 1400 patients attended at Kingsthorpe and St. James clinic. We also provide a chiropody service for six of the Homes run by the local authority for the elderly and managed to fit in a few domiciliary visits to patients confined to their homes.

In addition to the directly provided service the agency arrangements with Age Concern, Northampton Council of Social Service, continued.



### PHYSIOTHERAPY SERVICE

At the beginning of the Spring term Mrs. Geddes was appointed to the new post of Senior Physiotherapist at Fairfield's school. In addition she had the responsibility for organisation of the physiotherapy service as a whole. Initially Mrs. Geddes's time at Fairfield's school was spent in organising and collecting equipment for the new Physiotherapy department and collecting information on children requiring treatment from the Health Department, General Practitioners and in some cases, Consultants.

By the summer term a regular timetable had been organised which fitted in with the teacher's requirements for the children. It also became obvious that much of Mrs. Geddes's time was wasted in fetching and carrying children to and from the physiotherapy department and when the hydrotherapy pool was made available a voluntary worker assisted Mrs. Geddes in this respect. Subsequently a part time helper was appointed.

There are now some 40 children (28 boys and 12 girls) receiving physiotherapy at Fairfield's school. The more handicapped children e.g. with spina bifida or cerebral palsy, attend three times a week and most of the others twice a week. This made the work load for one physiotherapist very heavy and the timetable was easily disrupted.

Towards the end of the summer term Mrs. Mantel was appointed as part time Senior Physiotherapist at Whiston Road school. It was arranged that on Monday mornings Mrs. Mantel should bring some of her children from Whiston school to Fairfield's for the hydrotherapy pool sessions. Mrs. Mantel is treating 28 children (13 boys and 15 girls) during her sessions and it is considered that a helper to fetch and carry children would be advantageous in her case also. Towards the end of the autumn term Mrs. Geddes resigned her appointment for health reasons and the post was re-advertised.



SCHOOL HEALTH SERVICE





GENERAL INFORMATION 1973

Home Population at all Ages (estimated at 30th June, 1973) 128,300

Estimated Child Population (30th June, 1973):

Under 1 year	1,900
1-4 years inclusive	8,000
5-14 years inclusive	21,000
	<hr/>
Total under 15 years	31,000
	<hr/>

Primary Schools Number on Roll January 1974

Number of schools	45	
Number on Rolls		13,721

High, Middle and Upper Schools

Number of Schools	15	
Number on Rolls		9,129

Grammar Schools

Grammar School for Boys (Town and County)	817
Grammar School for Girls	518
Trinity Grammar School - Mixed	627

Special Schools

Whiston	31
Northgate	140
Fairfield	98
Greenfield	75
Raeburn	20
Billing Brook	44

Hospital Schools

John Greenwood Shipman Home	24
Manfield Orthopaedic Hospital (class)	11
Harborough Road Hospital (class)	10
General Hospital (class)	10

Nursery Schools

Whitehills	66
Parklands	65
Bush Hill	55
Gloucester	63
Victoria Park	56
Wallace Road	56

Total Number of Pupils on Roll	<hr/> 25,636 <hr/>
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### SCHOOL HEALTH SERVICE

#### Dr. I.R. Aldous, Senior Medical Officer for Child Health

The medical staff of the School Health Service was increased during the year by the appointment of Dr. Lamba and Dr. Moloney as Medical Officers in Department. Both had undertaken sessional work during the previous year. Dr. Moloney attended the National Association for Mental Health Course for the Assessment of Mentally Handicapped Children. One general practitioner continued to carry out regular sessions for the School Health Service and another, whose practice is mainly in the Eastern Expansion Area, has been able to visit some of the schools in this area to carry out routine school medical inspections. Unfortunately his practice commitments prevented him from taking on full responsibility for the schools in this area.

Infectious diseases fortunately seldom cause more than a brief absence from school nowadays. However when several cases of an illness occur or an illness presents in an unusually severe form, steps have to be taken to ensure that the spread of infection is limited. In March, one child at Greenfields School developed a mild form of Scarlet Fever. Because many of the children at Greenfields School are particularly vulnerable to infection, throat swabs were taken from her class-mates and immediate contacts. Five children were found to be carrying the causative organisms. All these children were excluded from school until subsequent throat swabs were clear. In November two young children in one family died suddenly of fulminating meningococcal infection. One of the children attended an infant school and throat swabs were taken from all children attending the school (350) of whom 40 children were found to be carriers of *Neisseria Meningitidis*. In view of the severity of the illness in the two children who died, these carriers were referred to their family doctors for a course of sulphonamides. No further cases of clinical infection due to *Neisseria Meningitidis* occurred in the school.

Although smallpox vaccination is no longer carried out routinely, the occurrence of two cases of smallpox in London during the Spring resulted in a number of countries in Europe demanding proof of recent vaccination from all travellers from Britain. Several Northampton schools had made arrangements for parties of children to visit countries in Europe during the Easter holidays and smallpox vaccination was required at short notice. In all, 278 pupils and teachers were vaccinated by the staff of the School Health Service.





### Health Education

The Working Party studying Health Education for the 13 - 18 year age range continued to meet during the early part of the year and completed their report in the Autumn. The membership of the Working Party included representatives from each secondary school, general practitioners working in Northampton schools and a representative of the Principal School Medical Officer, the School Psychological Service and the Chief Education Officer. The deliberations of the Working Party and their recommendations have been set out in their report dated October, 1973. Further discussions will be held regarding the implementation of these recommendations.

During the year, while the Working Party was still meeting, the three general practitioners who had taken on the responsibility for giving the medical component of the Health Education Programme in certain secondary schools and school medical officers continued to visit schools for talks and discussions with selected groups of pupils. All visits to schools were made after consultation with the head teacher or member of staff responsible for the organisation of Health Education in the school. In this way it is hoped that the doctor's visits form part of a continuing programme of health teaching and are not seen as isolated incidents unrelated to the rest of the work of the school.





### Routine Medical Inspection

Routine medical examinations were carried out on 4,212 children during the year. 371 of these were attending nursery schools and 2,116 were attending infant schools - of this latter group 1,529 were also screened on the psycho-social screening test. The system of selective examination in Junior and High Schools was continued; 3,198 children were in the age groups considered for selective medical examinations and of these 1,705 were examined by school medical officers, (1,021 attending Junior Schools and 684 attending High Schools). The proportion of children selected for examination is higher than usual but it is our policy to examine children who have recently moved into this area and for whom no records have been obtained from the previous Authority. This has meant that most of the children moving into the Eastern Expansion Area and other new housing developments have required a medical examination. In addition to the routine medical examinations 723 children were seen by the school doctor for the re-examination of some problem or condition noted previously.



### THE SCHOOL AUDIOLOGY SERVICE

Once again I am pleased to report that 1973 has been a splendid year for the School Audiology Service. The transfer from the Upper Mounts to the St. Giles' Street clinic has proved a wise one and the parents of children who attend this clinic claim that, owing to its central position, travelling is made a lot more pleasant.

The school nurses are still doing a wonderful job with their screening and sweep testing and I am most grateful to them for their help and suggestions.

In this connection I would like to express my sincere thanks to Mr. Hamp and Mrs. Tartakover, the teachers of the deaf, for their most valuable help in the assessment of babies and young children, and I look forward to their continued support in 1974.

The inception of the up-to-date Assessment Unit at Princess Marina hospital should prove most useful for the testing of young deaf and handicapped children. Regular clinics were held throughout the year under the supervision of Mr. K. Thomas, FRCS, Consultant ENT Surgeon at Northampton General Hospital.

530 children were referred to the audiometrician, of whom 154 were referred for further investigation. Fifty-seven were discharged without treatment but 97 remained under investigation and treatment at the E.N.T. department.

M. O'REILLY  
Chief Audiology Technician





### Fairfields School

At the end of the year there were 108 children attending Fairfields School. Since the re-building of the school it has been possible to admit children with a severe degree of physical handicap and the classes for the younger age groups in particular now contain a considerable proportion of children who are either multiply handicapped or have a major physical handicap. Mrs. Geddes took up the post of Senior Physiotherapist in January 1973 and a part time untrained assistant was appointed later in the year to help her during the hydro-therapy sessions. Treatment was given to all children needing physiotherapy during the year. Unfortunately Mrs. Geddes resigned her post at the end of the year.

The School Nurse, Mrs. Moore, took up her duties in the School in April, and rapidly gained the goodwill of the staff and confidence of the children. Her work in the school has been of great benefit to the health of the children. As well as coping with day to day problems Mrs. Moore carried out most of the duties previously undertaken by a visiting school nurse. These include routine vision testing, hearing testing and the arrangement of and attendance at medical inspections.

The school medical officers continued to pay regular visits to the school to discuss individual children and advise on their health, school placement and future employment. In the Autumn the Senior Registrar in Paediatrics at Northampton General Hospital began to make regular monthly visits to the school to see selected children and their parents. This provides a most valuable link with the hospital service and greatly enhances the health care given to the children in the school.

Disabilities of children attending the school are given in the table below:-

	Physically Handicapped	Delicate	Epileptic	Partially Hearing	Speech Defect	TOTAL
BOYS	45	17	2	2	-	66
GIRLS	17	12	9	3	1	42



Greenfields School

The school has continued to serve the education needs of mentally handicapped children, many of whom have multiple and serious disabilities in addition to serious limitation of intellect. The number of children attending during 1973 was approximately 70-79 per day. 22 children were admitted during the year; 16 came from the town of Northampton and 5 children came from the county of Northamptonshire. 19 children left the school during the year and of these five transferred to the Adult Training Centre after a period of experience in transition classes. 4 children transferred to Day-care facilities at the Princess Marina Hospital and one child was transferred to the Princess Marina Hospital school. 4 children were admitted to E.S.N. Day Schools and one child gained admission to an E.S.N. boarding school. One child was admitted to a residential school for mentally handicapped pupils and one child was admitted to a residential school run by the Spastics Society. A child in need of residential support went to live in a county hostel, with attendance at a nearby county school for the mentally handicapped.

Every child's progress has been reviewed individually and with the help of team reviews. The reviewing team included the headmistress, a Senior Educational Psychologist, a Senior Specialist Social Worker, a Liaison nurse from the Princess Marina Hospital, a Senior Medical Officer from the local authority and the Clinical Director from the Princess Marina hospital. The exchange of information which the team situation provided has proved helpful in focusing attention on special difficulties, and on opportunities for improved care and development. The involvement of the Educational Psychologist has been particularly helpful and he has given considerable assistance in facilitating transfer to appropriate schools to meet the changing needs of the pupils. Good support was available from the whole of the Education department and the relationships with other schools has been fruitful and helpful.

The admission rate to the school is high and during the year the average rate of admission for the three school terms was one child per fortnight. Urgent discussions have taken place with the Education authorities to discuss ways of meeting the future needs which include a rapidly increasing demand from the development area of Northampton and an increasing demand for places from the nearby villages in the county.





### Whiston School

Whiston School has continued to provide facilities for severely and multiply handicapped children from the town of Northampton. Most of the children are aged between 2 and 6 years but in special circumstances the staff of the school provide support and encouragement to families who have very young handicapped children below the age of 2 years. Support can also be made available to seriously disabled children up to the age of 16 years although few exceed 9 years of age.

Almost all of the children require elaborate essential basic care including nursing care because of their severe disabilities. Care is now given in the form of small family type units of about six children and each unit has its own nursery school nurse who is responsible for children with a variety of handicaps.

Each family unit is supported by a variety of elaborate teaching supports including speech therapy and tuition for deafness or for deafness and blindness or for severe communication or physical or intellectual problems. The matron of the school is now a qualified teacher as well as a qualified nurse and very experienced. The deputy matron, who is a qualified nurse, has now commenced a leave of absence for a course of training as a teacher. There is in addition a qualified specialist teacher who is able to review the educational needs of each child. A Possum machine is available which has enabled several severely disabled children to improve their communication and learning skills. There is close liaison with a wide range of professionals and with voluntary workers and parents who take an active part in the schools activities.

16 children were admitted to the school during the year and 16 were transferred to other schools, including conventional nursery schools and the special nursery section at Fairfield's School for physically handicapped children and to day care at the Princess Marina Hospital and to the Greenfields School for the mentally handicapped.





### Raeburn School

At the end of the year there were 22 children attending Raeburn School. All children recommended for admission to Raeburn School are considered at admission case conferences attended by the Headmaster of the School, the Senior Educational Psychologist and representatives of the Principal School Medical Officer and the Chief Education Officer.

### Northgate School for E.S.N. Pupils

As in previous years the demand for places for E.S.N. pupils exceeded their availability but the opening of Billing Brook School in September enabled the waiting list to be reduced considerably. Northgate School continued to accommodate the maximum number of pupils throughout the year. All admissions and discharges were considered at case conferences attended by the Headmaster of the school, the Senior Educational Psychologist and a representative of the Principal School Medical Officer.

### Billing Brook School for E.S.N. Pupils

Billing Brook School opened in September. Unfortunately building delays had prevented its completion by this date and only one wing of the school was available for use for the first part of the term. As Billing Brook School is in the Eastern part of the Borough while Northgate School lies to the North, some rationalisation of placement of children on a geographical basis was attempted. The parents of some children attending Northgate School were offered the opportunity of transferring to Billing Brook School and 15 accepted this offer. Owing to the unfinished state of the building and shortage of staff only 41 children were admitted during the first term. Numbers on the Roll will be increased gradually.

### Unit for E.S.N. Children - Spring Lane School

The Special Unit for slow learning children at Spring Lane School continued to provide a valuable addition to the facilities available at Northgate and Billing Brook Schools. Twenty children, mostly aged between 8 - 11 years, attended the Unit throughout the year.



## Unit for Children with Severe Speech and Language Disorders

### Spring Lane School

The need for special educational facilities in Northampton for children with severe disorders of speech and language development had been recognised for sometime. During the early part of the year it was agreed that this need could best be met by establishing a Unit in an ordinary school which could accept a few children with this handicap. The children would spend most of the time in a class with their peers but would have daily speech therapy and the speech therapist could work with the class teachers concerned so that much of their teaching could be directed towards language development.

In September, 5 children were admitted to Spring Lane School to form the nucleus of a Unit for Children with Severe Speech Disorders. All children had first been assessed by the Speech Therapist, Educational Psychologist and a School Medical Officer. The function of the Unit was discussed in detail with the parents of the children so that they knew the purpose of the proposed change of school.

At the end of the first term the scheme appeared to be progressing well. Much of the success of this venture has been due to the tremendous amount of help and enthusiasm given by the headmaster of Spring Lane School.

### Partially Hearing Unit - Vernon Terrace School

The re-building of Vernon Terrace Primary School was completed during the year and the two classes for partially hearing children are now accommodated in new purpose built class rooms with new equipment. The facilities for games, P.E. and other activities for which the children join the rest of the school are also greatly improved.

The children are placed according to age, there being 6 children aged 4 - 7 years in the infant class and 7 children aged 7 - 11 years in the junior class. Three children with impaired hearing are attending the nursery class in Vernon Terrace Primary School.

### St. George's Middle School Partially Hearing Unit

Five children, having reached the age of 11, were transferred from the Vernon Terrace Primary School Partially Hearing Unit to a new unit at St. George's Middle School in September, 1973. First rate facilities and equipment have been provided and a qualified teacher of the deaf has been appointed.







### DEAF AND PARTIALLY HEARING CHILDREN

Children ascertained as deaf or Partially Hearing were placed as follows:-

Full-time Further Education	1
At Residential schools	21
At. St. Goerge's Partially Hearing Unit	5
At Vernon Terrace Partially Hearing Unit	13
Pre-school children attending Nursery classes	8
Pre-school children (Special provision)	2
Pre-Nursery stage	2

A small number of children ascertained as Partially Hearing attend normal schools and are making adequate progress with help from the Peripatetic Teachers of the Deaf.

### THE PERIPATETIC SERVICE FOR HEARING IMPAIRED CHILDREN

The Peripatetic Teachers, Mr. N.W. Hamp and Mrs. N. Tartakover have visited children according to their various needs as far as resources allow. The case load has continued to grow.

No less than eight pre-school children were newly diagnosed as being deaf during the year and continuing support and advice on the educational management of the children is being given to the parents. Auditory training was begun with all these children and Speech Training Units for use by the parents at home were provided in all cases.

38 children wearing hearing aids in normal or special schools were seen according to their needs.

A further 85 children with non-aural or minor hearing losses were visited less frequently and advice to their teachers was continued.

Follow-up visits at school were made to 121 children who had undergone surgical treatment for hearing defect.

The Peripatetic Teachers have also assisted the two Partially Hearing Units in a variety of ways, including teaching and assessment. Visits were made to the homes of children at residential schools.



### Nursery Schools

There are 6 nursery schools and 4 nursery classes in Primary Schools within the Borough; together they accommodate 473 children, many on a part-time basis. The Chief Education Officer and the staff at the nursery schools have, as previously, been extremely helpful in arranging for the admission of disadvantaged children to a nursery school or class. Nursery school facilities are also available at Fairfields School, Greenfields School and Whiston School. It is hoped that Booth Nursery School, which will be able to accept some handicapped children, will open in January, 1974.





## CHILD GUIDANCE SERVICE

I am indebted to Dr. K. Stewart, Consultant Psychiatrist, for this report which refers to Northampton County Borough and the Southern area of the County.

Psychologists Mrs. J. Hornsby left on 13.4.73 to have a baby. Miss A.C. Fairless left on 1.9.73 for her year's postgraduate training course. On 3.9.73 Mr. B. Bradbury and Mr. A.G. Dunn joined the staff and Miss C. Lacey came as locum. The establishment is now 7. The psychologists spend about  $\frac{1}{3}$  of their time in the Child Guidance Service and  $\frac{2}{3}$  of their time in the School Psychological Service.

Social Workers Mrs. N. Wilson left on 1.3.73 to have a baby. Mr. J. and Mrs. M. Sadowski joined on 1.10.73. The establishment is now 4. There are also 2 vacancies for secondments of a year's duration.

Psychiatrists The Child Guidance team takes part in the St. Crispin rotating training scheme for psychiatrists. The first 6 months of their attachment to the Child Guidance Service will be shared with Princess Marina Hospital and the second 6 months will be wholetime in the Child Guidance Service. Dr. S. Killey, trainee psychiatrist, started in the Child Guidance Service on 1.10.73. In addition, the Senior Registrar attached to Princess Marina Hospital attends the clinic part-time to get some child psychiatric training.

Two experienced workers left the clinic early in the year and a comparatively large number of inexperienced workers joined towards the year end. This changed the pattern of the statistics. Fewer new cases were seen but the total number of attendances was well up on last year. This reflects the tendency of inexperienced workers to make less effective use of time until they learn appropriate techniques and have sufficient understanding of what they are doing. It emphasises the fact that, though the social workers, psychologists and psychiatrists who join us may be trained in their own fields, they are comparative beginners in the clinic way of working and have to train to become efficient workers. The problem of giving enough time to supervision and consultation with staff increases as the number of staff increases. Detailed supervision is essential if staff are to be trained to be effective in this way of working. But the number of senior staff able to do this, is limited. It is, of course, the same senior staff who have to supervise the work of Naylands which is an extension of the work of the Child Guidance Service.

The same problem applies to the educational work with people outside the clinic. It takes time before newcomers to the clinic staff can be utilised fully for this though the demands continue to come. The increase in staff experienced enough to carry out this work does not keep pace with the increase in demands for the various aspects of the work. Though the work increased greatly, programmes have to be limited and are, therefore, less effective. The problem of whether to spread thinly, widely and less effectively or to concentrate on a limited field, is perennial. The compromise made never seems to be satisfactory to everyone whichever direction the bias lies.





Naylands Family Unit opened on 12.11.73. Initially families attend only on Mondays or Wednesdays. The staff comprises 1 Nursing Officer, 1 Sister, 2 Staff Nurses, 1 Nursery Nurse, 1 Secretary/Receptionist, a Cook and Domestic. In addition, all staff of the Child Guidance Service who have treatment cases attending Naylands, continue with their sessions with the families at Naylands. It is the policy to try and arrange for all the families to have their special workers giving individual sessions as well as the therapeutic community work and group sessions which are the basis of Naylands work. However, it has not proved possible to do this yet because of the shortage of manpower.

All families are referred to Naylands by the Child Guidance Service. An assessment is done in the clinic and a team decision made about referral. The family is offered the facilities at Naylands and the implications discussed with them. If possible a visit to Naylands by the family is arranged prior to their decision whether to attend. Every stage of this initial period is carried out by the conjoint Child Guidance Service/Naylands team. The families are asked to stay all day at Naylands. Evening sessions are arranged for those families with fathers who cannot attend during the day.

Families attending "regularly"		6
No. of individual new attendances:	Adult	14
	Child	24
Total attendances	Adult	65
	Child	120



CHILD GUIDANCE CLINIC

	<u>Boys</u>	<u>Girls</u>	<u>TOTAL</u>
No. of cases referred during year	64	30	94
No. of cases waiting to be seen at clinic on 1.1.73	25	10	35
No. of new cases seen by clinic staff	41	20	61
No. of cases seen and discharged without treatment	3	1	4
No. of cases not seen	14	2	16
No. of cases waiting to be seen at clinic on 31.12.73	31	17	48
No. of cases under treatment on 1.1.73	46	21	67
No. of cases taken on for treatment during year	41	19	60
No. of cases discharged during year	30	16	46
No. of cases under treatment on 31.12.73	57	24	81
Referred by:-			
General Practitioners	19	7	26
Parents	6	1	7
Schools	6	2	8
School Health Service	7	3	10
School Psychological Service	16	8	24
School Welfare Officers	2	1	3
Health Visitors	-	-	-
Courts	2	-	2
Probation Officers	-	-	-
Social Services	-	2	2
Hospital Consultants	4	4	8
Chief Education Officers	1	1	2
Other	1	1	2
Referred for:-			
Nervous Disorders	7	5	12
Habit Disorders	2	1	3
Behaviour Disorders	53	24	77
Organic Disorders	-	-	-
Psychotic Behaviour	-	-	-
Educational & Vocational Difficulties	2	-	2
Unclassified	-	-	-





No. of children discharged from Holyrood Hostel during year	2
No. of children admitted to Holyrood Hostel	-
No. of children removed against advice	-
 No. of children discharged from Rostrevor Hostel during year	 2
No. of children admitted to Rostrevor Hostel	-
No. of children removed against advice	1
 No. of children in Residential Schools for Maladjusted Children	 11



SPEECH THERAPY SERVICEStaff

Mrs. Ann Janes	-	Senior Speech Therapist
Mrs. Rachel Vallance	-	Speech Therapist
Mrs. Judith Taylor	-	Speech Therapist (from April 1973)
Miss Angela Mace	-	Speech Therapist (from October 1973)

No. of new referrals during 1973	192
No. of individual children seen during 1973	381
No. of treatment sessions given	4461
No. of new patients seen	210
No. of children discharged during 1973 (including children seen once and considered not to require treatment)	90
No. of children under treatment or review 31.12.73	272
No. of children on waiting list for interview 31.12.73	32

This year the increase in staff kept better pace with the increasing number of referrals. Greater numbers of pre-school children were seen for assessment and advice. The lack of suitable and convenient central accommodation continues to mean a poorer service to some areas of the town; while lack of clerical services means that record keeping and general administration in a service now doubled in numbers and trying to cope with increasing demands is not always satisfactory. We were able, however, to embark on a project with the assistance of the Education department which meets a long felt need in the town - the facility for daily speech therapy treatment integrated with the school curriculum for a handful of children with very severe speech and language disorders. This has been set up at Spring Lane School.



### DENTAL SERVICE

1973 saw the first full year's working of the dental service in its combined form, total integration with the County Service having been achieved by the end of 1972.

The year's work has produced a transformation in the effectiveness and coverage of the dental service in Northampton County Borough, and the few brief statistics appended will serve to amplify the point.

I consider the efforts of all staff throughout 1973 to have been first class, and their support for me has been such as to make my own task a simple one.

Further to the figures below, which in any case do not include work carried out for expectant and nursing mothers and children under five years of age, the amount of conservative treatment carried out for children has more than doubled, and the number of courses of treatment completed has almost doubled over the previous year: and in the course of 1973, fractionally under 20% of the school child population was treated by the service. This figure is in excess of the National Average of 16%.

Significantly the number of children referred to the Hospital Consultant for Orthodontic advice and treatment has increased from 53 in 1972 to 196 in 1973.

When it is considered that the general picture shows achievement above the National Average in many critical respects, I consider the progress made by the service during 1973 to be really significant.

	<u>1971</u>	<u>1972</u>	<u>1973</u>
Number of children inspected			
in school:-	1790	5443	13,000
in clinic:-	1527	1627	1,805
	<u>6%</u>	<u>25%</u>	<u>64%</u>
Percentage treated	7%	10%	20%
Number of visits made	5058	7073	9,941
Orthodontic treatment commenced	31	45	109
Referred to Consultant Orthodontist	24	53	196
Health Education sessions	233	370	283

P. W. Gibson, L.D.S., D.D.P.H.  
Chief Dental Officer









## ENVIRONMENTAL HEALTH

A. Robinson, M.A.P.H.I., Chief Public Health Inspector

### INTRODUCTION

This is my eleventh and last Annual Report as Chief Public Health Inspector to the County Borough of Northampton.

Looking back over the past eleven years there is no doubt that it has been a very busy and eventful period. The impact of town expansion and new legislation was considerable. Nevertheless it has been a period of constant progress which was only achieved with the full and wholehearted support of all the staff to whom I extend my sincere thanks.

Looking forward, the future holds many new and exciting challenges. In the re-organisation of Local Government and the National Health Service all our friends and colleagues in the rest of the Health Department will transfer from Local Government. This must mean a severance of traditional linkages for the majority of the staff, but the proposed liaison arrangements will ensure a continuing and undiminished service.

I should like to thank Dr. Edgar and all our colleagues for the help and support given to us in the past and to wish them success and happiness in the future.

The Environmental Health Department of the New Northampton Borough Council will encompass additional functions and staff and it is my belief that the new Department will give an efficient service geared to everchanging circumstances and public need.

### THE CARAVAN SITES (ETC) ACT, 1960

There is one large holiday caravan site which is licensed for 546 holiday caravans and 200 tents for use between Easter and 30th September in any year. Two licences controlling 100 tents and issued under the Public Health Act 1936 expired at the end of September. The road proposals affecting the site will necessitate redistribution of some of the caravans in the near future.

There are four other licenced residential caravan sites situated within the Borough with a total of 17 caravans.

Due to an increasing number of gypsies using demolition sites in the town for stationing their caravans, a temporary area was provided in advance of the establishment of a proper permanent site. However, because of difficulties with control and in view of numerous complaints from nearby residents, it was decided to close down the site.





### Clean Air

The two Smoke Control Orders declared in 1972 were confirmed by the Secretary of State for the Environment and came into operation on 1st December, 1973. Where works of adaptation were carried out 39% retained solid fuel, 56% converted to gas and 5% to electricity.

A survey was commenced in the central area of the town which comprises mainly industrial and commercial premises, but still includes about 700 dwellings, just over half of which are local authority properties.

It had been hoped to deal also with two adjoining estates of privately owned dwellings, abutting a peripheral area already in operation, thereby providing a more balanced programme, but financial restrictions precluded this. In April, 1974, the expansion of the Borough will bring in fresh peripheral areas which could be matched with areas of higher housing density to provide this balance.

Notifications of new furnaces under Section 3 were received in respect of 44 installations, involving 92 furnaces.

Applications for approval of chimney height under Section 6 of the 1968 Act, were made in respect of five of these installations. In the majority of cases, prior discussions with the consultants involved, resulted in satisfactory heights being proposed, and all were approved subject to standard conditions. In addition, we have been consulted by a neighbouring authority on the determination of chimney heights for installations situated in the part of their district which will be absorbed by Northampton District Council in April, 1974.

The tendency for new factories to use a number of smaller furnaces rather than to instal a central boiler house, is again marked, but fortunately the increasing use of natural gas alleviates the problem forseen with sulphur dioxide concentrations in the new industrial estates.

The present oil situation raises the question as to whether the larger new installations will have to use an alternative fuel. If the availability of natural gas cannot cope with the increased demand, there is the possibility of more solid fuel installations being proposed, with a return to the central boiler house with a tall stack. Already one chimney height has had to be re-assessed because supplies of the 35 second oil, orginally proposed, could not be guaranteed and it became necessary to change to a heavier oil, thereby considerably raising the height of the stack.

Should this become general amongst existing installations, chimney heights previously approved would be too low for adequate dispersal of the gases from the higher sulphur fuels, and would, in fact, contravene the Clean Air Act 1968 by breaking the conditions on which approval was orginally given.



Investigations were carried out at 26 premises following observation of emissions or as a result of complaints. Fifteen premises were involved in emissions caused by burning material in the open, on building sites or industrial premises and domestic bonfires. There were three cases of fume emission, three involving deposition of smuts and one minor incident of grit and dust emission. Only three premises caused smoke from their stacks.

No prosecutions were instituted, remedial measures being taken, where necessary, by the occupiers concerned after a warning had been given.

A number of complaints were received when spontaneous combustion occurred at the local authority tip. This took several days to bring under control, but the nuisance was satisfactorily abated.

#### Common Lodging Houses

There are no common lodging houses in the town.

#### Drainage and Sewerage

Sewage disposal is the responsibility of the Borough Engineer but existing drains are tested and repaired under the supervision of the public health inspectors. There are still a few properties on the outskirts of the town not connected to the main sewerage system. It is important that defective drainage systems be dealt with as quickly as possible and 2,829 inspections were carried out during the year.

#### Sewage Disposal

The arrangements for sewage disposal were reasonably satisfactory although on occasions B.O.D. of the final effluent has exceeded the Royal Commission Standard. The reasons for this are that due to overloading, there is no margin to cope with plant breakdown or shock industrial loading. Benefit will not be obtained from the major extensions now under construction until April, 1975.

Average dry weather flow 7.47m gallons per day.

Average flow during period 8.12m gallons per day.

Average flow given full treatment 7.83m gallons per day.





### Sewerage

The sewerage system in the expanding Eastern District of Northampton has been extended to keep pace with Development, and work on the outfall sewers for South-West Northampton is well advanced.

Replacement work on the old combined system of sewers in the town centre continues.

### Deposit of Poisonous Waste Act, 1972

During the year seventy notifications of intention to remove waste material were received from various firms within the town.

One particular problem encountered concerned a small factory situated within a clearance area. It was known that toxic materials had been used as part of the factory processes and that there was a possibility of toxic residues remaining in the building. Ownership of the factory was transferred to the Local Authority and as soon as the premises were vacated, investigations were carried out and security measures put in hand to guard against entry by unauthorised persons. As a result of the investigations it became evident that the remaining installations and general debris were in a highly toxic condition. In addition tanks were found containing liquor also of high toxicity. On the advice of the Hazardous Materials Unit, Harwell, arrangements were put in hand to remove all dangerous materials from the building for proper treatment and disposal and for the fabric and surrounds to be treated in advance of demolition.

### Factories

Table 1 gives particulars of premises on the Register and work carried out under the Factories Act 1961.

### Outworkers

A total of 6 outworkers was shown on the list in August. There is a statutory requirement on all employers to notify the Local Authority of all outworkers employed by them.





### The Construction (Health and Welfare) Regulation 1966

There were five inspections carried out to building sites under the above Regulations during the year.

### Food and Drugs

The Labelling of Food Regulations 1970 (as amended) came into operation on 1st January 1973 and as anticipated a considerable number of contraventions had to be dealt with.

From the 1st June the Northampton Public Health Laboratory Service went out of existence but bacteriological work was continued immediately by the Department of Pathology at the General Hospital. At a meeting held in October it was agreed that Dr. Severn and his staff would continue to provide a bacteriological service at the General Hospital after local government re-organisation to support the District Council in its food hygiene responsibilities.

Further effort was directed towards the bacteriological examination of drinking glasses used in licensed premises. Unfortunately the results were again disappointing and discussions with brewery representatives were taking place at the end of the year in an endeavour to improve the position.

The new Carlsberg brewery complex commenced production of lager beer during the latter months of the year. During the construction of these premises Public Health Inspectors have paid several visits mainly in an advisory capacity on matters connected with food hygiene and food safety in processing.

Several other new large food processing establishments were under construction at the end of the year and it is foreseen that the work load in this field will increase considerably in the future.

### Diseases of Animals (Waste Foods) Order 1957

A total of 102 inspections were made to piggeries and poultry houses during the year. Ten new licences were granted to operate plant and equipment in accordance with the above Order and one existing Licence was revoked. At the end of the year 13 Licences were in force.

New regulations, the Diseases of Animals (Waste Foods) Order 1973 which replace the 1957 Order, comes into force on 1.2.74 and 1.7.74





### Food Complaints and Contraventions

Two hundred and forty three infringements were investigated. One hundred and seventy one were consumer complaints. Due to the numbers involved they are not reported upon separately.

There was a significant reduction in the number of milk bottle complaints from one dairy in the town following the installation of an automatic bottle inspection device and it is hoped that this trend will continue.

Foreign matter and mould were the major causes of food complaints in the town.

83 warning letters were sent and in respect of 12 complaints, statutory proceedings were instituted which resulted in fines amounting to £160 with £75 costs.

### Labelling Contraventions

Seventy four infringements of the Labelling of Food Regulations 1970 - 72 were investigated. In most cases the labels lacked complete information regarding proper lists of ingredients and in respect of 67 complaints, warning letters were sent to the manufacturers concerned. It was necessary to write to food manufacturers overseas on several occasions where it was not possible to trace the importing agent. Countries involved were the E.E.C. nations, Spain, Norway, Canada and Brazil. In this context it is considered that an importers address would save much inconvenience and time. Undertakings were received from the manufacturers that all defective labels would be corrected to comply with the legislation.

### Food Poisoning and other Communicable Diseases

Six cases of food poisoning, ten cases of infective hepatitis, one case of typhoid and 14 cases of dysentery were investigated during the year together with a further 21 incidents involving suspected cases or contacts of smallpox, cholera and food poisoning. The investigations involved 220 visits including re-visits.

The majority of the persons visited were placed under surveillance under the provisions of the Public Health (Infectious Disease) Regulations. Most people involved were travellers arriving in this country from abroad and not in possession of valid international certificates of vaccination.





Two suspected cases of food poisoning involved persons who became ill after eating meals in a Chinese restaurant. Investigations were carried out at the restaurant and samples of foods were tested. The reports revealed the presence of *Bacillus Cereus* in all the samples of rice. *Bacillus Cereus* is an aerobic spore-forming bacillus which is a common contaminant of rice and other cereals in the raw state, being present in soil and on vegetation. It has been described as an agent of mild food poisoning in certain parts of Europe, Scandinavia and the U.S.A., but rarely in Britain.

Advice on the methods of storing and preparation of these susceptible foods was given and further tests were carried out at intervals. The patients quickly recovered and no further cases were reported.

### Food Premises

Again it has not been possible to fully complete our work programme for the year although good progress in raising standards in many food premises was made.

The incidence of mice infestations are still increasing and presents a major problem for the food trade generally. It must be remembered, however, that protecting stock and keeping it free from contamination lies with the food trader. Indeed, it is because food is not adequately protected in many premises that the mice can thrive and multiply unchecked.

Table 5 shows the various types of food premises in Northampton and the number complying with washing facility requirements.

As with previous years, lack of cleanliness and disrepair to food rooms has been the major problem encountered.

There was also some concern regarding the general cleanliness of articles of equipment and notices were served accordingly.

A total of 67 notifications were sent to occupiers of food premises and 136 contraventions were recorded. It was necessary to institute legal proceedings in one instance with fines totalling £115.

### Ice Cream

304 premises were registered under the Food and Drugs Act 1955 for the purpose of the sale, manufacture or storage of ice-cream. Vehicles from which ice cream is sold are not required to be registered but the Food Hygiene (Markets, Stalls and Delivery Vehicles) Registrations lay down the relevant hygienic requirements.



### Imported Food Inspection

Regular consignments of imported meat and other foods arrive each week at wholesale premises in the town. Each consignment must be inspected in accordance with the terms of the regulations.

There is no doubt that 'containerised' transport of food is to be the method of the 70's and although much criticism has been levelled at these juggernauts, we shall probably see an increasing number of them arriving in the town.

### Liquid Egg (Pasteurisation) Regulations 1963

There are no egg pasteurisation plants in the district.

### Market Stalls and Delivery Vehicles Regulations 1966

Inspections of market stalls and vehicles during 1973 proceeded satisfactorily.

A total of 14 notifications were sent to operators in respect of 16 contraventions mainly in connection with cleanliness of equipment. Problems with water supply and wash hand basins were also encountered.

### Meat Inspection

Towards the end of the year a request was received from the Northampton Rural District Council for assistance with meat inspection at the Hardingstone slaughterhouse. Agreement was reached in principle and part time assistance commenced in December. Two full time Authorised Meat Inspectors and one Public Health Inspector devoting part of his time were engaged in carrying out the routine statutory function of meat inspection at the end of the year.

A post-mortem examination was carried out on each animal slaughtered and details were recorded of any abnormality or disease. All diseased meat was voluntarily surrendered to the Inspectors. In circumstances where second opinions were sought, the Senior Meat and Foods Inspector made the final decision.





It was necessary for the inspectors to work outside the normal office hours each day and this involved a considerable amount of overtime. The duties at week-ends and bank holidays were shared by all inspectors on a rota basis.

In addition to slaughterhouse meat inspection, there were a number of carcasses which were infested with *cysticercus bovis* and which were sent into the cold stores in the town for refrigeration treatment to destroy the parasite. Following the statutory period of refrigeration, all such carcasses were certified by the Public Health Inspector as fit for human consumption.

Tables 4 and 6 give details of the animals slaughtered and the weight of meat rejected and unfit for human consumption. Details of the diseases and conditions found are not given in table form but are recorded for statistical and research purposes.

The sum of £4197.9p was received from the occupiers of the two slaughterhouses in respect of meat inspection charges.

#### Milk and Dairies

Two processing dairies and 152 milk dealers were on the register at the end of the year.

One dairy farm is licensed by the Ministry of Agriculture, Fisheries and Food to sell raw milk by way of retail sales.

Regular sampling of all milk supplies was carried out each week during the year.

#### Sampling of Food and Drugs

##### Chemical Sampling

223 samples (48 formal, 175 informal) were submitted to the Public Analyst under the Food and Drugs Act 1955. It was decided to reduce the numbers taken this year due to financial restrictions and impending local government re-organisation.

Approximately 27% of the samples taken were milk; the majority of foods sampled were satisfactory the unsatisfactory samples were:-

1	Pizza Pie	)	
2	Pork Sausages	)	
3	Pizza Pie	)	
4	Grosvenor Pie	)	
5	Palm Hearts	)	
			All these samples were found by the Public Analyst to contravene the Labelling of Food Regulations.





One sample of Potted Beef Paste was found to be deficient in meat content whilst a sample of foreign matter found in some Pork Luncheon Meat was found to consist mainly of rust with meat fibres and vegetable matter. In the latter case legal proceedings were instituted against the manufacturers of the Pork Luncheon Meat.

### Bacteriological Sampling

#### Milk

One hundred and seventy four samples of milk were obtained and submitted to the laboratory for examination. Two samples of pasteurised milk failed the prescribed keeping quality test but repeat samples were satisfactory.

Experience has proved that with commercial controls in the dairy industry nowadays, the problems associated with the quality of milk are fewer compared with the past.

#### Fresh Cream

A total of 59 fresh cream samples were examined and 3 (5%) were found to fail the keeping quality test.

Repeat samples were found to be satisfactory. One of the dairies in the town is contemplating installing machinery to reduce the amount of handling of cream during packing.

#### Ice Cream

Eighty samples of ice cream were taken and subjected to the methylene blue test. The provisional gradings were as follows:-

Provisional Grade	1	-	47
"	2	-	8
"	3	-	12
"	4	-	12
	(one void)		



The provisional grading scheme affords a measurement of bacterial cleanliness of ice-cream and the majority of samples from any one producer should fall into grade 1 or 2.

At the height of the hot summer we began to receive unsatisfactory sample results and exhaustive tests were carried out to ascertain the cause. The trouble was confined to one manufacturer based in the town and it became necessary at one time for the manufacture of ice-cream to cease. Machines were stripped down and a fault was traced in a homogenising pump. New parts were fitted and no further unsatisfactory reports were received.

The value of regular routine sampling is emphasised by this unfortunate event.

#### Other Foods

During the year 154 samples of food other than cream, milk and ice-cream were submitted to the laboratory for routine examination. 25 samples (16%) were found to be unsatisfactory. Eleven samples were found to be contaminated with food poisoning bacteria whilst the other unsatisfactory reports indicated either spoilage organisms or heavy growths of non pathogenic bacteria. Details of all sample results were notified to the food manufacturers or retailers concerned.

In all instances where unsatisfactory reports were received further samples were taken and inspections were carried out to determine the cause of the trouble. No effort was spared until further sampling produced satisfactory results.

#### Utensils and Equipment

Regular checks were carried out in food premises including public houses, catering premises and dairies to determine whether equipment and utensils were being adequately cleaned. A survey of 91 public houses revealed that in 64% of the premises visited, drinking glasses were not being properly cleaned. Samples taken from glasses revealed lipstick deposits and in some instances high levels of bacteria. The Managers and tenants of these establishments were given advice on proper cleaning and sterilisation techniques and it is hoped that future results will be satisfactory.

A total of 240 tests were carried out in the laboratory.







### Biological Sampling

No milk samples were submitted to the laboratory during the year for biological examination. Raw milk produced locally for retail sales is checked by the Ministry of Agriculture, Fisheries and Food.

### Slaughter of Animals

The names of 22 slaughtermen were on the register at the end of 1973.

### Slaughterhouses

The two private slaughterhouses continued in operation during the year. Building work progressed on an extension to one of the slaughterhouses. When completed it will form a separate pig processing unit and a casualty slaughterhall. There will also be improved accommodation for the detention and examination of any suspect meat. The Senior Meat and Foods Inspector attended several site meetings in connection with this new building during the year when progress and further detail were discussed.

In the early part of the year work commenced on the new meat plant at Wootton. Further discussions took place between the company concerned, officers of the Northampton Rural District Council and ourselves and at the end of the year several buildings were well under construction. The complex will come into operation in 1975 and will be within the area of the new Northampton District. It is foreseen that further joint meetings will be necessary whilst the construction work progresses.

The combined throughput in both slaughterhouses in terms of cattle units amounted to 25,618, the actual number of animals killed being 56,920, a decrease of 4653 animals representing a 7% reduction on last year's kill figures.

### Poultry Inspection

There are no poultry processing premises within the district.



### Unsound Food

All food found upon inspection to be unfit for human consumption was voluntarily surrendered for satisfactory disposal. Table 4 refers to the nature and weight of food which was destroyed. 163 surrender notes were issued during the year and 12,452 tins, jars and packets of food were included in the total amount destroyed.

### Health Education

Food Hygiene courses under the auspices of the Royal Institute of Public Health and Hygiene were again held at the College of Technology and the College of Further Education.

At the beginning of the year an additional Food Hygiene course was established. This was designed specifically for children in their final year at school. With the agreement of the Education Department and the Royal Institute and with the valued support of the Head of the Department of Applied Science at the College of Technology, the course proved quite successful. A survey of the children attending indicated that many hoped to go into the food trade or take up nursing upon leaving school. 38 children from 8 schools applied to attend the course and of the 22 who sat the examination for the Certificate in Food Hygiene and the Handling of Food, 18 were successful.

The usual Food Hygiene course for the full time catering students at the College of Further Education was held in the Summer term. A total of 38 students presented themselves for examination and 23 were successful. A similar course was held in the evenings during the Autumn term at the College of Technology for members of the food trades and there was a total enrolment of approximately 60 persons. 18 candidates sat the examination and the results are still awaited.

In May the Deputy Chairman, of the Health Committee, Alderman Mrs. G. Brown presented certificates to students who attended the Autumn course in 1972 at the Guildhall.

A number of pupil midwives, student health visitors and student nurses each spent a day with an inspector in order to gain a knowledge of our duties. Although the students accompanied inspectors on routine inspections, it was necessary to arrange as wide a range of visits as possible, in order to give the students a comprehensive picture. This did mean, however, some disruption of routine work.

The usual illustrated talks were given to various outside organisations and schools. Certain courses, lectures and talks were given in the evenings and this effort could only have been achieved by the whole-hearted co-operation of the staff concerned.





### Housing

In my previous report I referred to the unprecedented increase in the price of the older terraced housing in the town. The higher cost of all types of property whether to buy or to rent was not without some effect on the workload of the Department. Vacant properties, often subject to Closing Orders and previously believed uneconomic to repair, became much sought after by people in search of a home.

At the same time an unhealthy trend started in the multi-occupied sector as landlords answered a demand for maximum use of this type of property. Rooms, which hitherto would not have been considered habitable by normal standards, i.e. ill lit attics and damp basements, came into use and in many cases became the subject of a complaint to the department.

A report was submitted on St. James Park Road (No. 1) and St. James Park Road (No. 2) Clearance Areas - (49 houses) during the year but these declarations had to be postponed because of the uncertain rehousing situation at the present time.

### Existing Clearance Areas

A local public inquiry was held by the Secretary of State for the Environment on the 30th October, 1973 to consider objections to the Kingswell Terrace C.P.O. which had been represented in 1972.

The Woodford Street C.P.O. which had been the subject of a similar inquiry the previous year was confirmed on the 11th January 1973.

Demolition of the Lady's Lane, Byfield Road, Harborough Road and St. Andrews Road clearance areas was completed during the year. Demolition of the Exeter Road clearance area is continuing.

### Individual Unfit Houses

For the reasons stated it became necessary to consider many houses and parts of houses as individual unfit cases during the year but because of the shortfall of accommodation in the local authority sector, it was only possible to deal with the worst cases that came to light.

During the year 7 houses were represented and Closing Orders were made or are pending. In addition 5 Closing Orders were made in respect of separate parts of houses; these being principally basement lettings.





Closing Orders were revoked in respect of 5 houses where sufficient work had been carried out to lift them out of the unfit category.

The following table shows the number of houses represented and the number demolished since 1946.

YEAR	CLEARANCE AREAS		INDIVIDUAL UNFIT HOUSES	
	No. Represented	No. Demolished	No. Represented	No. Demolished
1946/ 1973	2816	1882	956	511

#### Houses in Multiple Occupation

I have already mentioned the increasing problem posed by the improper use of this type of accommodation. Ideally given sufficient staffing and other resources one would arrange for all houses known to be in multi-occupation to be systematically inspected and the appropriate action then taken. Unfortunately because of the pressure of work in other areas it was only possible to take action in those cases where the conditions found had been brought to the attention of the department through the normal complaints procedure.

During the year 61 houses in multiple occupation were visited by the Public Health Inspectors and Notices in connection with the provision of additional facilities were served where considered necessary.

In 2 cases the conditions found were bad enough to warrant the making of an 'order' requiring compliance with a more stringent code of management. Normally these orders are reserved for those multi-occupied dwellings when neglectful management has led to serious disrepair, general uncleanliness and/or removal of essential services i.e. water supply, electric lighting etc. With one case which had a long history of unsatisfactory living conditions, legal proceedings have been instituted.

#### Improvement Areas

Due to other considerations it was not possible to proceed with the declaration of the Billing Road G.I.A. during 1973. It is hoped that some progress towards this objective will, however be made in 1974.



### Individual Improvements to Houses

During the year the department received 19 representations from tenants of dwellings lacking bathroom amenities, requesting that action be taken to secure the provision of such amenities; an increase of 4 on the previous year.

In 13 cases improvement notices were served upon the owners requiring the provision of the amenities within a 12 month period (the minimum period laid down by law). The remainder are being processed with a view to the service of such notices.

In addition, 4 houses which had become the subject of notices served in previous years were improved to the full standard. Work on one of these was carried out by the Council using their default action powers.

Repair notices under the Housing Act were served in respect of 15 houses during the year. These were of course, in addition to Notices, whether formal or informal, served under the Public Health Act.

### Qualification Certificates

As forecast in last years Annual Report, there has been a marked tailing off of Qualification Certificate applications in the past year due to the phased transfer of dwellings from controlled to regulated tenancies.

### Improvement Grants

The high level of applications for improvement grants in 1972 was sustained throughout 1973.

There has been a tendency this year for people to apply for the full Improvement Grant (Maximum £1000) as opposed to the Standard Grant which merely provides for the provision of basic amenities such as a bathroom or internal W.C. This has led to a much higher overall standard of improvement.

One of the biggest problems posed during the year was the general lack of availability of building contractors for the small scale job. This, allied with a general shortage of building materials was the cause of most of the delay in getting the work done and the grant paid.







### Survey

A survey of 8058 older houses in the town was carried out to determine the number of houses where the sole sanitary convenience lacked a flushing apparatus. Although Northampton was one of the first towns to introduce a water carriage sewage system, due to the shortage of water in the area at the time, many thousands of houses were provided with a proper W.C. pan connected to the system, but were not provided with a flushing cistern. The convenience was invariably sited at the rear of the house and this meant that water must be carried from the house each time the convenience was used. Particularly over the last 10 years the situation has changed as a result of a number of factors, the most important of which are the change to owner-occupancy, the clearance of many old sub-standard houses and the availability of improvement grants. The survey showed that there are now only some 200 houses remaining in this category and next year every effort will be made to remedy the position.

### Noise Abatement

During the year the number of noise complaints was maintained. The type of complaint was the same as in previous years and once again we had good co-operation, in the main, from the persons or firms creating such a nuisance.

Proposed new Legislation will greatly help us in this field. It will enable us to determine and establish noise abatement zones and proper noise levels in the case of individual complaints. Effective implementation of the new Legislation will, however, only be possible with adequate staff and monitoring equipment.

### Offensive Trades

At the end of the year there were two names on the List of Proprietors of offensive trades under Section 107, Public Health Act, 1936.

Complaints of offensive odours were still received relating to one firm situated close to the centre of the town. Legal proceedings were pending at the end of the year.

Numerous complaints were received concerning odours emanating from vehicles passing through the town. Byelaws are to be made under Section 81 of the Public Health Act 1936 in order to control this type of nuisance.



## Offices, Shops and Railway Premises Act 1963.

### General Administration

Inspections during 1973 revealed the same pattern as in previous years and this report therefore reviews the administration of the Act over the past 10 years.

### Registration

At the end of 1965, after an extension of the borough boundary, the number of registered premises was 1,792 in which 13,574 persons were employed. The total number of registered premises at the end of 1973 was 1,528 in which 16,051 persons were employed. Although the total number of premises has reduced by 264 the number of employed persons has increased by 2,477. The increase in the number of persons employed is due to the establishment of certain large firms in the town and this trend will continue as the town continues to expand.

### Older Premises

### Cleanliness, Temperature, Ventilation and Lighting

There has been a general improvement in standards with the exception of ancillary rooms which sometimes do not receive due attention.

### Overcrowding

Overcrowding has not been a problem.

### Sanitary Conveniences/Washing/Seating and Eating Facilities

In the main the number of facilities have been found to be adequate. There has been a general improvement but some facilities remain far from ideal.

### Supply of Drinking Water

In many older premises the only supply of drinking water was in the actual W.C. cubicle and these were subsequently moved to a better location.

### Accommodation for Clothing

The general pattern for small offices has been, and continues to be, that no provision is made for clothing. Coats are hung on filing cabinets or on backs of chairs and can constitute a trip hazard. I can only repeat that it is difficult to understand why such a simple provision is not made.

### Floors, Passages and Stairs

Contraventions of this section of the Act have been found to be, without doubt, the principal problem in the administration of the Act. This comment applies to all types of premises and particularly to those areas where the public are not allowed access. "Behind the scenes" activities are not given the attention they deserve. There have been many cases of loose, worn and





holed floor coverings, cluttered interspaces between desks and equipment, loose and trailing electrical and telephone leads and stock on stairs and passages overflowing from stock rooms. When this is allied with inadequate lighting in such areas the potential accident hazard is considerable. This is confirmed by the number and type of such accidents.

### Fencing of Machinery

There has been a good improvement in the standard of fencing of machinery. One major difficulty has been the practice of removing guards during cleaning and not replacing them.

### Hoist and Lift Regulations

The majority of premises have had such equipment inspected for insurance purposes for many years. This was, however, voluntary until the above legislation came into force and the number of reports which we have received have emphasised the need for such inspections.

### Heating, Ventilation and Air Conditioning

There has been no real difficulty regarding the adequacy of heating standards. Ventilation has, however, caused some problems particularly with "speculative" building in noisy areas, where ventilation depends on the opening of large casement windows. This is often rendered impracticable because of the noise and wind factors. When this is linked with solar gain, working conditions are very difficult and uncomfortable. In these circumstances a different system of ventilation should be employed. There has been a trend towards air conditioning and where this is a complete system no major difficulty has arisen. Particular attention must, however, be paid to the ventilation from toilet areas. In at least one case the areas were to be linked directly with the main system. Some resistance was met to the provision of a separate system for these areas, mainly on the grounds of cost. Partial air conditioning can cause localised loss of balance.

### Structural Causes of Solar Gain

The main causes of solar gain are the excessive use of clear glass linked with the reflective values from the walls of relatively small rooms. This can only be alleviated with the use of ancillary methods to reduce heat and glare such as tinted glass and blinds.

### Standards of Natural and Artificial Lighting

Natural lighting has been found to be satisfactory in most new offices except in the centre of the building where it has been augmented with artificial lighting.

In the majority of shops artificial lighting must be used because of the depth of the sales area. The I.E.S. code has been used in all new developments and this has been satisfactory. The major problem has arisen on stairs and passages principally due to inadequate size of fitments, e.g. fitments which limit the degree of light output and which cannot be increased without changing the fitment.





### Allocation of Space in the Working Area and Storage Areas

This has proved difficult particularly in speculative shop and warehouse buildings where the future occupier is responsible for the internal layout. There is a tendency to use the greatest floor area possible for sales purposes in shops with the consequence that office and stock areas prove inadequate and stock overflows into passages etc. In warehouses it is primarily the office areas which suffer from stock overflow. In my opinion the occupier should be held responsible for the provision of adequate stock areas.

### Provision for the Disposal of Waste and Refuse

This has been no problem providing adequate facilities have been insisted upon at the design stage.

### Design of Staircases, Floors and Passages

There have been no difficulties with the design of floors and passages but staircases have created some problems.

### Provision of Amenities

The major difficulties have been the provision of ventilated lobbies to toilet areas; the provision of adequate air changes to these areas because in practice the recommended three changes per hour is not considered adequate; imbalance between the number of W.C.'s and washing facilities which could cause an inadequacy of one or the other, relative to the number of staff employed and the tendency to provide drinking water in such areas.

### Hoists, Lifts etc. and Mechanical Handling Arrangements

We have not met any major difficulties in these matters.

### General

In my opinion it is essential that close co-operation with the Planning Department, developers and their architects must be established from the outset. Most of the problems briefly outlined have been dealt with at the design stage, but without proper liaison could have been difficult to remedy at a later stage. The one major problem, which has direct consequences on many factors, is the fact that often a new complex is built when the future occupiers are not known. This also means that internal layouts cannot be determined because this depends on the individual occupiers' business and requirements.

Internal partitioning can materially affect lighting, ventilation, ventilated lobbies and the size of storage areas.

### Conclusion

Implementation of the present Act over the past 10 years has greatly improved working condition both in new and older premises. Certain aspects of the legislation could be strengthened and improved. Due to the pressures created by town expansion and also the everchanging pattern of businesses,





there are still a number of premises which have not been brought up to standard. Nevertheless, this is an on-going administration which can only result in a general uplifting of standards with a direct effect on the health and safety of persons employed.

### Pest Control

#### Insects

The work of disinfection is carried out free of charge under the supervision of the Public Health Inspectors. Re-visits are made to ensure that the treatments have been successful and that no re-infestation has occurred. There was a total of 402 complaints of infestations during the year, the major problems being wasps nests (304 complaints), fleas (56 complaints), ants (19 complaints), bed bugs (8 complaints) and cockroaches (7 complaints). Other complaints included mites, carpet beetles and earwigs.

#### Rodents

The servicing of the peripheral ring of permanent baiting points was again commenced in November 1972 and except for the South East section of the town heavy infestations were recorded. However, apart from three persistent pockets the number of complete 'takes' reduced after about four weeks. Baiting ceased at the end of April.

Baiting was re-commenced in November this year to co-incide, as usual, with the County Rat Control Campaign. A pattern similar to last year appears to be emerging but with fewer infestations. Internal permanent baiting progressed satisfactorily and a major effort was concentrated in the expansion areas of the town where persistent rodent infestations occurred.

The number of complaints of rat infestations was 654 as compared to 633 in 1972. Complaints of mice infestation amounted to 550 compared to 493 in 1972, and 399 in 1971, indicating a growing problem.

Table 3 shows the number of infestations of both rats and mice, the number of premises which were treated and the number of visits which were necessary.

### Pet Animals

At the end of the year 9 shops were licensed as Pet Shops. Each licence specifically states the types of animals allowed to be sold and each premise was inspected to ensure that the provisions of the Pet Animals





Act 1951 were complied with. Subsequent inspections were carried out during the year as and when necessary.

#### Rag, Flock and Other Filling Materials

No rag flock is manufactured in Northampton and no premises are registered under the Rag, Flock and Other Filling Material Act 1951.

#### Riding Establishments Act

One licence was in force under the above Act at the end of the year.

#### Schools

Inspection of school premises again continued during the year under the provision of the Food Hygiene (General) Regulations 1970, the Offices, Shops and Railway Premises Act 1963 and the Standard for School Premises Regulations 1959. Close liaison was maintained with the Borough Architects Department and the required improvements to the various schools continued to progress.

#### Swimming Pools

Public swimming facilities in Northampton comprise an indoor pool at Upper Mounts and open air pools at Midsummer Meadow and at Billing Aquadrome.

There are indoor pools at the Northampton Grammar School, Barry Road School, Weston Favell Upper School, Duston Upper School, Moulton Park Upper School and a therapy pool at Fairfields School. Work is in progress to provide a covered teaching pool at the Upper Mounts Baths. Duston Eldean Primary and Booth Primary are provided with open-air pools.

Due to some unsatisfactory bacteriological results obtained from one open air pool and also several complaints, a thorough investigation was carried out. Certain recommendations were made, some of which were



put in hand immediately. Other works, however, of a more extensive nature may take a little longer to achieve. Work is also in progress to improve the quality of the water at Midsummer Meadow pool. Initial difficulties were experienced following the opening of a new therapy pool. Due to the necessity of maintaining a high water temperature, loss of volume, due to evaporation, was considerable and with the additional 'make-up' water required the total solids content of the pool water was high. This, together with teething troubles in the chlorine dosing plant led to some difficulty in achieving breakpoint conditions and stabilisation of pH values.

A total of 103 bacteriological samples were taken.

#### Water Supply

The water undertaking is managed by the Mid-Northamptonshire Water Board of which Northampton County Borough is a constituent authority. There are now only three known houses in the Borough which are not supplied directly from the public mains and it is believed that there are no dwellings supplied solely from a stand pipe.

The water supply to the area has been satisfactory both in quantity and quality and there has been no contamination of the supply.

The following bacteriological samples were taken by the Water Board:

Raw Water .....	143
Treated Water at Source .....	392
Distribution System .....	225

The results of all samples were satisfactory.

A typical analysis of the Pitsford water is given in Table 2.

In addition 100 bacteriological samples were taken by ourselves and all of these were satisfactory.

The fluoride content generally varies between 0.2 and 0.3 mg/l depending upon the source of supply.

The water is not liable to plumbo-solvent action.





TABLE 1

Administration of the Factories Act, 1961

## 1. Inspections made by the Public Health Inspectors for purposes of provisions as to health

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are enforced by the Local Authority	39	5	-	-
(ii) Factories not included above in which Section 7 is enforced by the Local Authority	664	23	5	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	-	5	-	-
TOTALS	703	33	5	-

## 2. Cases in which defects were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were inst- tuted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	-	-	2	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable tempera- ture (S.3)	-	-	-	-	-
Inadequate ventila- tion (S.4)	-	-	1	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	7	2	-	4	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
TOTALS	7	2	3	4	-



TABLE 2

Typical Chemical Analysis

MID-NORTHAMPTONSHIRE WATER BOARD

NORTHAMPTON AND DAVENTRY AREAS

Waters derived from Pitsford Reservoir

Results expressed in Parts per Million (Mg/L) except where otherwise stated:-

Turbidity (Formazin Units)	0.8
Colour (Hazen)	less than 5
pH	8.1
Electrical Conductivity (micro ohms per cm <sup>3</sup> )	560
Total Dissolved Solids	375
Chloride	38
Residual Chlorine at source (Total)	0.7
Total Alkalinity (as Calcium Carbonate)	140
Hardness: Total 250	
Non-Carbonate Hardness	110
Calcium Hardness 220	
Magnesium Hardness 30	
Nitrate Nitrogen 3.3	Nitrite Nitrogen nil
Ammoniacial Nitrogen 0.008	Albuminoid Nitrogen 0.17
Oxygen Absorbed: 4 hours - 1.04	
Manganese nil	Iron 0.03
Silica 2.0	Fluorides 0.22
Orthophosphate A.S.P.	0.008
Sodium 36	
Potassium 5.5	
Heavy Metals nil	

TABLE 3

Prevention of Damage by Pests Act, 1949

	Type of Property	
	Non-Agricultural	Agricultural
Total number of properties (including nearby premises) inspected following notification	1191	13
Number infested by (i) Rats (ii) Mice	641 550	13 -
Total number of properties inspected for rats and/or mice for reasons other than notification	195	10
Number infested by (i) Rats (ii) Mice	64 39	4 6
Number of re-inspections	1838	153
Number of visits with Public Health Inspector	72	1





TABLE 4Food Surrendered or Condemned

Nature of Food	Weight			
	Tons	Cwts	Qtrs	Lbs
(1)				
(a) Meat at slaughterhouses -				
(i) Carcase meat	6	-	3	2
(ii) Offal	17	9	1	3
(b) Meat at wholesale premises -				
(i) Carcase meat	-	1	2	5
(ii) Offal	-	14	2	6
(c) Meat at retail shops -				
(i) Carcase meat	-	1	1	7
(ii) Offal	-	-	1	6
(2) Cooked meat and meat products	-	1	-	8
(3) Canned meats	-	3	3	-
(4) Other canned foods	-	14	1	23
(5) Fish (fresh)	-	4	2	2
(6) Fruit and Vegetables (fresh)	-	-	-	20
(7) Frozen foods due to cabinet breakdown	38	17	2	27
(8) Other foods	-	10	2	-
TOTAL	65	-	-	-



TABLE 5Food Hygiene (General) Regulations, 1970Details of Premises by Main Trade

	Number of Premises	Number of Premises fitted to comply with Reg. 18	Number of Premises to which Reg. 21 applies	Number of Premises fitted to comply with Reg. 21
Food factories	33	33	33	33
Chemists	30	30	29	29
Licensed premises	153	148	149	149
Sweet shops	79	79	70	69
Fish shops	48	48	48	48
Bakers/confectioners	49	49	43	43
Cafes and canteens	121	121	121	121
Butchers	79	79	79	79
Greengrocers/ fruiterers	54	54	51	51
Grocers	230	229	229	229
TOTALS	876	870	852	851





TABLE 6

## Carcases and Offal Inspected and Condemned in Whole or in Part

	Cattle Exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses	Totals
Number killed	5060	44	35	17956	33825	-	56920
Number inspected	5060	44	35	17956	33825	-	56920
All diseases except Tuberculosis & Cysticerci: Whole carcasses condemned	4	2	nil	10	51	-	67
Carcases of which some part or organ was condemned	1107	18	7	1426	9755	-	12313
Percentage of the number inspected affected with disease other than Tuber- culosis and Cysticerci	21.9	45.4	20.0	8.0	28.9	-	21.7
Tuberculosis only: Whole carcasses condemned	-	-	-	-	-	-	-
Carcases of which some part or organ was condemned	3	-	-	-	113	-	116
Percentage of the number inspected affected with Tuberculosis	0.05	-	-	-	0.30	-	0.20
Cysticercosis: Carcases of which some part or organ was condemned	12	-	-	6	-	-	18
Carcases submitted to treatment by refrigeration	2	-	-	-	-	-	2
Generalised and totally condemned	-	-	-	-	-	-	-



## INFECTIOUS DISEASES





INFECTIOUS AND OTHER DISEASES

Apart from measles the number of notifications of other infectious diseases remained low.

Leprosy	1
Malaria	2
Salmonella	7
Typhoid	1
Leptospirosis	1
Acute Meningitis	4
Tuberculosis -	
Respiratory	8
Non-respiratory	1
Infective Hepatitis	5
Scarlet Fever	23
Dysentery	5
Food Poisoning	6

In the case of measles, however, the number of notifications rose from 41 in 1972 to 593 despite a continuing programme of measles vaccination in infancy with some 1355 infants receiving protection compared with 1383 in 1972.

The only incident of note was the sudden death of two children in the same family from fulminating meningococcal infection. Family and close contacts were identified and placed on prophylactic sulphonamides. Class contacts of the elder child were swabbed and those found to be positive were referred to their family doctor for appropriate treatment. The causal organism is normally present in the community and this makes control measures difficult. One important aspect of such a situation is the anxiety generated amongst parents of children attending the same school and this is a factor which must be taken into consideration. Such an exercise cannot be undertaken without close liaison with the laboratory staff and general practitioners who were kept informed of the progress of the "outbreak".

In the field of sexually transmitted diseases the picture is a challenging one with the incidence of gonorrhoeal infection rising still further from 115 cases in 1972 to 130. Much more effort is required in the health education of all age groups and in the tracing of contacts if this modern epidemic is to be controlled effectively.



Infectious Diseases by month 1973

Diseases	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total Cases
Measles .. . . . . .	20	39	55	45	111	225	70	17	3	-	2	6	593
Dysentery .. . . . . .	1	-	4	-	-	-	-	-	-	-	-	-	5
Scarlet Fever .. . . . . .	1	5	5	1	1	2	1	-	-	1	3	3	23
Whooping Cough .. . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Hepatitis .. . . . . .	-	1	3	-	2	3	2	-	3	-	-	-	14
Food Poisoning .. . . . . .	-	1	1	1	1	-	1	1	-	-	1	-	7
Typhoid .. . . . . .	-	-	-	-	-	-	-	-	-	-	1	-	1
Paratyphoid .. . . . . .	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neoratorium .. . . . . .	-	-	-	-	-	-	-	-	-	-	1	-	1
Meningitis .. . . . . .	-	-	-	-	-	-	-	-	-	-	1	3	4
Tuberculosis (resp.) .. . . . . .	1	-	-	1	1	2	-	-	1	2	-	-	8
Tuberculosis (non-resp.) .. . . . . .	-	1	-	1	-	2	1	1	-	2	-	1	9
Tuberculosis (Meninges & CNS)	-	-	-	-	-	-	-	-	-	1	-	-	1
Leprosy .. . . . . .	-	-	-	-	-	-	-	-	-	-	1	-	1
Malaria .. . . . . .	-	-	-	-	-	-	-	-	-	-	-	2	2
Leptospirosis .. . . . . .	-	-	-	-	-	1	-	-	-	-	-	-	1
TOTALS	23	47	68	49	116	235	75	19	7	6	10	15	649





## 1973 - Cases of Notifiable Diseases by Age Groups

Notifiable Diseases	NUMBER OF CASES NOTIFIED													
	All Ages	AGES (in years)												
		0-	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	60-	Not Known
Scarlet Fever	23	-	2	1	3	16	1	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	593	21	64	55	57	73	295	8	1	4	-	-	-	15
Dysentery	5	-	-	-	-	-	1	2	-	-	-	-	-	1
Food Poisoning	7	2	-	-	1	-	-	1	-	-	3	-	-	-
Tuberculosis (resp.)	8	-	-	-	-	-	-	1	-	-	3	1	-	-
Tuberculosis (Non-resp.)	9	-	-	-	1	1	-	1	-	-	2	2	-	-
Infective Hepatitis	14	-	-	-	-	1	1	2	-	5	-	-	-	1
Paratyphoid	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Meningitis	4	1	-	-	1	-	1	-	-	-	-	-	-	-
Opthalmia Neonatorum	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	1	-	-	-	-	-	-	-	-	1	-	-	-	-
Leprosy	1	-	-	-	-	-	-	-	1	-	-	-	-	-
Malaria	2	-	-	-	-	-	-	-	2	-	-	-	-	-
Leptospirosis	1	-	-	-	-	-	-	-	-	1	-	-	-	-
Tuberculosis (Meninges & CNS)	1	-	-	-	-	-	-	-	-	-	1	-	-	-
TOTALS	670	25	65	57	61	78	314	16	4	10	12	8	3	17



INFECTIOUS DISEASES, 1964-1973

[illegible]





## IMMUNISATION AGAINST WHOOPING COUGH AND TETANUS

The following table gives details of whooping cough and tetanus immunisations carried out during 1973:-

## Whooping Cough and Tetanus Immunisation

Year of Birth	Whooping Cough		Tetanus	
	Primary	Re-inforcing	Primary	Re-inforcing
1973	8	-	8	-
1972	557	-	565	-
1971	89	-	90	-
1970	7	-	7	2
1966-69	5	2	460	1244
Others under 16	-	-	69	27
TOTAL	666	2	1199	1273

## Poliomyelitis Immunisation

The following table gives the number of immunisations carried out during 1973:-

## Poliomyelitis Immunisation

Year of Birth	Primary Immunisation	Re-inforcing
1973	5	-
1972	1369	-
1971	279	-
1970	22	3
1966-69	520	1638
Others under 16	65	27
TOTAL	2260	1668

## Vaccination against Measles

Measles vaccination was introduced in 1968 and the number of vaccinations performed is shown in the following table.

## Measles Vaccination

Year	No. of persons vaccinated
1971	573
1972	1383
1973	1355



## Vaccination against German Measles

Vaccination of 11-14 years old girls was first introduced in 1971, and in 1973 some 607 girls received this protection.

## Smallpox Vaccination

Details of smallpox vaccination given during 1973 are as follows:-

Age at date of Vaccination	NUMBER OF PERSONS VACCINATED (OR REVACCINATED DURING PERIOD)	
	Number Vaccinated	Number revaccinated
0-3 months	0	0
3-6 months	1	0
6-9 months	2	0
9-12 months	4	0
1	11	0
2-4	15	4
5-15	1	6
TOTAL	34	10

## Immunisation against Diphtheria

Throughout the year 1173 children received a full course of primary immunisation and 1663 received booster doses against diphtheria. The table illustrates the age groups concerned.

## Diphtheria Immunisation

Children born in the years:-	Full course of Primary Immunisation	Re-inforcing Injection	Total
1973	8	-	8
1972	1365	-	1365
1971	277	-	277
1970	22	2	24
1966-69	497	919	1416
Others under 16	43	19	62
TOTAL	2212	940	3152





CHEST CLINIC

I am obliged to Dr. P. C. Robertson, Consultant Chest Physician for the following:-

Once again the number of newly discovered cases of tuberculosis remains satisfactorily small. No minor epidemics were discovered and the cases were entirely sporadic with the exception of a family in which evidence of the infection in two young children led to the discovery of the disease in their mother. In this family none of the victims was particularly unwell but the diagnosis was established by the application of standard screening techniques.

Tuberculosis has become largely a disease of the elderly but of the reported local cases four were children and another seven were under fifty years of age. Only two of the patients were aged over seventy years. This is somewhat disappointing when attempts are being made to eradicate the disease completely. However, it must be remembered that the children involved were not old enough to have received the protective effects of B.C.G. immunisation. This is normally offered to school children at around twelve years. Many of the adult patients had the non-pulmonary form of the disease and it is likely that they had contracted it many years previously, before the days of immunisation programmes. Such small numbers are encouraging evidence that the existing preventative measures are containing this disease.



## C H E S T   C L I N I C

The following relates to some of the anti-tuberculous work carried out during 1973 :

Total attendances of patients from the Borough and elsewhere	10,581
X-ray examinations of above patients	8,651
Contacts of all new cases of tuberculosis followed up during year	79
Contacts seen of patient notified with tuberculosis in previous years	101

Figures relating to Borough patients only :

Children referred to School Clinic	21
Mantoux tests carried out	109
B.C.G. Vaccinations:	
Contacts	83
Children referred by doctors or at request of parents	26

### NOTIFICATIONS IN THE BOROUGH

During the year 17 cases were notified for the first time as suffering from tuberculosis. Of these 9 cases were respiratory and 8 non-respiratory. Their age-groups and classification are shown in Tables        and

#### Age Groups for New Cases and Deaths

Age Periods	New cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Resp.	
	M	F	M	F	M	F	M	F
Under 1 year	-	-	-	-				
1 - 4 years	-	1	-	1				
5 - 9 years	-	-	-	-				
10-14 years	1	1	-	-				
15-19 years	-	-	-	-				
20-24 years	-	-	-	-				
25-34 years	-	-	-	-				
35-44 years	1	1	1	2				
45-54 years	2	1	1	1				
55-64 years	-	1	-	-				
65 and upwards	-	-	2	-				
TOTALS	4	5	4	4				

#### Classification of New Cases





Classification of New Cases

Classification	Notified		
	M	F	TOTAL
Respiratory tuberculosis	4	5	9
Other forms:-			
Meninges & Brain	1	-	1
Peritoneum & intestines	-	-	-
Bones & joints	2	-	2
Glands	-	3	3
Other organs	1	1	2
	8	9	17

B.C.G. Vaccination

In 1973 1907 persons (tuberculin-negative) were vaccinated with B.C.G. vaccine. 83 of these were contacts and included some babies who were not Heaf-tested and 1797 were school children vaccinated in school, compared with 189 and 1965 respectively in 1972. 26 children were also referred by doctors or at the request of parents for B.C.G. at the Chest Clinic.

Care and After-Care

The Northampton Tuberculosis and Chest Diseases Care Committee still meets regularly to consider the needs of individual patients and to endeavour to assist them and their families in every possible way.

22 patients continued to receive one free pint of milk daily. Other grants to cover lighting, heating, television licences and towards holidays were made.

Christmas gifts ranging from £2 to £5 were sent to 67 patients and these were much appreciated.

Patients can now be helped through the Social Services, Home Helps Scheme and Meals on Wheels, and surgical appliances are readily available. Assistance is also given through the Ministry of Social Security whose officers do all they can to help in cases of long illness.



STATISTICS AND SOCIAL CONDITIONS





## BIRTHS

During 1973 there were 1949 births registered of which 996 were males and 953 were females.

The birth rate was 15.2 per 1,000 estimated population compared with 14.3 in 1972. The provisional rate for England and Wales was 13.7.

Birth rates for Northampton and England and Wales for the past 10 years are given in the table below:-

Live Birth-rate in Each Year of the Decennium

	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973
England & Wales	18.5	18.1	17.7	17.2	16.9	16.3	16.0	16.0	16.0	13.7
Northampton	19.0	19.7	18.5	18.0	16.8	16.7	16.0	15.4	14.3	15.2

The adjusted birth-rate for Northampton County Borough (calculated by multiplying the crude rate by the Registrar-General's area comparability factor of 1.02) was 15.5.

191 (10.0 per cent) of the live births were illegitimate. The percentages for the last ten years are shown below:-

Illegitimate live Births Expressed as a Percentage of Total Live Births

	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973
England & Wales	7.2	7.7	7.9	8.4	-	8.0	8.0	8.0	9.0	9.0
Northampton	9.4	8.3	9.1	9.0	9.4	10.0	9.0	10.0	10.0	10.0

Registered Live and Stillbirths

	Males	Females	Totals
Live Births Registered	996	953	1949
Stillbirths Registered	10	10	20
Total Births Registered	1006	963	1969

## Stillbirths

20 stillbirths were registered, giving a rate of 10.0 per thousand total births (including stillbirths) registered, compared with 12.0 for England and Wales.



## Deaths in Premature Live and Stillbirths

Birth Weight	Premature Live Births	Deaths within 24 hours	Deaths within 28 days	Premature Stillbirths
All babies of 5lb. 8oz. and less	114	-	5	12
Under 2lb. 3oz.	1	2	-	3
2lb. 3oz. and under 3lb. 4oz.	14	5	4	3
3lb. 4oz. and under 4lb. 6oz.	22	1	-	3
4lb. 6oz. and under 4lb. 15oz.	27	1	-	1
4lb. 15oz. to 5lb. 8oz.	50	-	1	2

## Infant Mortality

34 children died during the first year of life during 1973 compared with 23 in 1972. This gives an infant mortality rate of 17 per 1000 live births compared with 13 per 1000 in 1972. The perinatal mortality rate rose to 19 per 1000 compared with 18 per 1000 in 1972 and the neonatal rate rose from 7 to 9.

	NORTHAMPTON						
	1967	1968	1969	1970	1971	1972	1973
Infant Mortality rate	20.5	15.8	15.0	13.0	13.0	13.0	17.0
Stillbirth rate	13.5	11.8	10.0	6.9	11.0	13.0	10.0
Peri-natal mortality	24.2	22.8	19.0	13.0	18.0	18.0	19.0
Neo-natal mortality	12.7	11.5	13.0	12.5	10.0	7.0	9.0

	ENGLAND AND WALES				
	1969	1970	1971	1972	1973
Infant Mortality rate	18.0	18.0	18.0	17.0	17.0
Stillbirth rate	13.0	13.0	12.0	12.0	12.0
Peri-natal mortality	23.0	23.0	22.0	22.0	21.0
Neo-natal mortality	12.0	12.0	12.0	12.0	11.0





An analysis of the causes of death of children under one year as supplied by the O.P.C.S. for the last three years is given in the following table.

Diseases	Under 4 weeks			4 weeks to 1 year		
	1971	1972	1973	1971	1972	1973
Enteritis	M -	-	-	-	-	2
	F -	-	1	-	-	-
Disease of Nervous system	M -	-	-	1	1	1
	F -	-	-	-	-	-
Meningitis	M -	-	-	1	-	-
	F -	-	-	-	-	-
Pneumonia	M 2	-	-	-	2	1
	F -	-	-	-	-	-
Other diseases of Respiratory system	M -	-	-	-	-	-
	F -	-	-	-	-	2
Intestinal Obstruction	M -	-	-	-	-	-
	F 1	-	1	-	-	-
Congenital Abnormalities	M 2	3	3	-	5	1
	F 2	-	2	-	1	2
Birth injuries, difficult labour, etc.,	M 5	4	6	-	-	-
	F 2	1	2	-	-	-
Other causes of perinatal mortality	M -	2	5	-	-	-
	F -	2	1	-	-	-
Other ill-defined causes (including prematurity)	M 3	-	-	1	1	2
	F 2	-	-	2	-	-
Motor Vehicle accidents	M -	-	-	-	-	1
	F -	-	-	-	-	-
All other accidents	M -	-	-	1	-	1
	F 1	-	-	-	1	-

#### Mortality in Pre-school Children

Nine children between the ages of 1 and 5 years died during the year from the following causes:

Meningococcal infection	2
Other endocrine etc., diseases	1
Other diseases of the Nervous System	1
Pneumonia	1
Congenital anomalies	1
Motor vehicle accidents	1
All other accidents	2

TOTAL

9





DEATHS

1667 deaths (835 males, 832 females) were registered, equal to a death-rate of 13.0 compared with 12.0 for England and Wales. Table gives the local and national death-rates for the last ten years.

	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973
England & Wales	11.3	11.5	11.7	11.2	11.9	11.8	11.7	11.6	12.9	12.0
Northampton	12.4	12.2	12.2	12.1	12.8	13.5	12.7	12.4	12.1	13.0

1287 (77 per cent) of the deaths related to elderly persons aged sixty-five years and upwards and of these 593 were male a 694 were female.

The adjusted death-rate for Northampton County Borough (calculated by multiplying the crude rate by the area comparability factor of 0.87) was 11.3.

The following table gives the causes of death in age-periods, compiled from information supplied by the Registrar-General.

Cancer Deaths

Deaths from all forms of cancer numbered 277 in 1973 compared with 337 in 1972.



Causes of Death at Different Periods of Life during the year 1973

Code	Cause of Death	Total All Ages	AGE IN YEARS														4 weeks & under 1 year								
			Under 4 weeks		15-		25-		35-		45-		55-		65-			75 & over							
			M	F	M	F	M	F	M	F	M	F	M	F	M	F			M	F					
B4	Enteritis & other Diarrhoeal Diseases	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B6(1)	Late Effects of Respiratory Tuberculosis	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B6(2)	Other Tuberculosis	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B11	Meningococcal Infection	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B18	Other Infective and Parasitic Diseases	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B19(1)	Malignant Neoplasm Buccal Cavity Etc	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B19(2)	Malignant Neoplasm Oesophagus	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B19(3)	Malignant Neoplasm Stomach	12	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B19(4)	Malignant Neoplasm Intestine	25	20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B19(5)	Malignant Neoplasm Larynx	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B19(6)	Malignant Neoplasm Lung, Bronchus	55	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B19(7)	Malignant Neoplasm Breast	-	36	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B19(8)	Malignant Neoplasm Uterus	-	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B19(9)	Malignant Neoplasm Prostate	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B19(10)	Leukaemia	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B19(11)	Other Malignant Neoplasms etc.	36	35	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B20	Benign & Unspecified Neoplasms	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B21	Diabetes Mellitus	5	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B46(1)	Other Endocrine etc., Diseases	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B23	Anaemias	5	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B46(3)	Mental Disorders	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B46(4)	Multiple Sclerosis	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B46(5)	Other Diseases of Nervous System etc	8	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B26	Chronic Rheumatic Heart Disease	3	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B27	Hypertensive Heart Disease	8	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B28	Ischaemic Heart Disease	220	174	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-





Causes of Death at Different Periods of Life during the year 1973 cont'd

Code	Cause of Death	Total All Ages	Under 4 weeks	4 weeks & under 1 year	AGE IN YEARS																75 & over			
					1-		5-		15-		25-		35-		45-		55-		65-		M	F		
					M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
B29	Other Forms of Heart Disease	44	66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23	51
B30	Cerebrovascular Disease	107	182	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	62	132
B46(6)	Other Diseases of Circulatory System	34	58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	19	42
B31	Influenza	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B32	Pneumonia	85	54	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B33(1)	Bronchitis and Emphysema	64	24	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B33(2)	Asthma	3	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B45(7)	Other Diseases of Respiratory System	2	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B34	Peptic Ulcer	6	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B35	Appendicitis	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B36	Intestinal Obstruction and Hernia	3	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B37	Cirrhosis of Liver	1	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B45(8)	Other Diseases of Digestive System	7	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B38	Nephritis and Nephrosis	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B39	Hyperplasia of Prostate	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B45(9)	Other Diseases, Genito-Urinary System	2	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B46(10)	Diseases of Skin, Subcutaneous Tissue	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B45(11)	Diseases of Musculo-Skeletal System	3	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B42	Congenital Anomalies	8	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B43	Difficult Delivery and/or Anoxic condition	6	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B44	Other Causes of Perinatal Mortality	5	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B45	Symptoms and Ill-Defined Conditions	3	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
BE47	Motor Vehicle Accidents	15	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
BE48	All Other Accidents	13	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
BE49	Suicide and Self-Inflicted Injuries	7	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
BE50	All Other External Causes	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ALL CAUSES		835	832	14	7	9	4	6	3	5	4	8	5	7	16	10	45	34	132	64	262	186	331	508





